



Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

Effective Community Mobilization Lessons From Experience

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

Implementation Guide



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Foreword

The Center for Substance Abuse Prevention (CSAP), as part of the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services, is the Nation's lead agency for improving the quality and availability of substance abuse prevention services. One of SAMHSA/CSAP's responsibilities is to assist States, communities, and the general public in initiating wise action in the mobilization for effective prevention.

Community action surrounding substance abuse issues is not new. The intentional mobilizing of community forces has received new impetus, however, both from available funding sources and from research suggesting the promise of comprehensive and collaborative approaches to prevention. It is well understood that much of what is important in prevention must occur at the community level; even the best national policies can have only a limited effect if they are not put into action in our cities, towns, and neighborhoods.

Although some actions are exclusively community-based, Federal and State Governments have an important role in fostering and nurturing effective community action. The Federal Government can provide seed and demonstration funding for innovative community-based efforts, elevate the priority placed on community action, and provide useful information and tools for such initiatives.

With congressional authority, SAMHSA/CSAP has generated a series of grant and contract programs to demonstrate and enhance community-based action. The SAMHSA/CSAP Community Partnership grant program has funded more than 250 communities to demonstrate a variety of approaches to substance abuse prevention for coalitions. Along with the immediate improvement of community systems, these partnerships have generated an important knowledge base for future prevention efforts of coalitions. SAMHSA/CSAP also has provided a wide range of training and technical assistance directed specifically at community partnerships and community-based prevention systems.

State governments, especially those offices within the Single State Authorities responsible for substance abuse planning, can also take a strong role in stimulating effective community action. States use block grant and State-provided funding to establish priorities for prevention practice. States are often seen as the source of guidance and resources for effective community action and planning. State offices often are the brokers for resources that support effective community mobilization.

In the domain of community action, SAMHSA/CSAP also seeks to provide the link between science and practice. The notion of community mobilization assumes a departure from the status quo, a move from local inertia, sparked by some set of shared concerns held by small or larger groups of citizens and public servants. But what makes community mobilization really effective? Is it just community will and enthusiasm for change? Or is it more? As of today, there is considerable evaluation and applied research directed at community-based efforts focused on substance abuse problems, some qualifying as true community mobilization. Within 5 years, the aggregated empirical data likely will offer decisive conclusions regarding specific recommended practices.

Generated by SAMHSA/CSAP's National Center for the Advancement of Prevention, this report on effective community mobilization is intended to buttress the surge of current community action with a sound theoretical and empirical framework. Using substantial input from State agencies and community representatives, this report synthesizes previous research and suggests a set of general criteria by which community mobilization efforts might be assessed and monitored. It is hoped that this product will be helpful in stimulating and fostering such initiatives and improving their effectiveness.

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Introduction

The Context

The importance of community mobilization in the prevention of substance abuse problems has been increasingly recognized in recent years. Communities can mobilize to bring about a range of positive changes in programs, in formal and informal systems, and in norms and attitudes. This document is designed to distill previous conceptual work and field research on the topic of community mobilization and provide a series of characteristics that are likely to maximize the possibility of success of mobilization efforts. It is intended that the information in this report can provide guidance to those State substance abuse agencies, community leaders, and concerned citizens who might participate in community mobilization efforts to prevent substance abuse-related problems.

Although most evident in large metropolitan areas, substance abuse-related problems are prevalent throughout all segments of our society and across geographic lines—in urban, suburban, and rural America. Attempting to understand and then solve these problems represents a monumental undertaking because each problem has complex causes. Additionally, many of these problem areas are interrelated; they influence and are influenced by the others. For instance, alcohol and drug abuse may lead to violence and poor school and work performance; it can also be argued that these problems can raise the probability of alcohol and drug abuse. Adding to the complexity, these problems operate in dynamic environments subject to powerful social, economic, media, political, cultural, racial, and other influences. As these environments change, so do the characteristics of the problems and their potential solutions.

With varying intensity and frequency, citizens across the Nation are attempting to regain control of their streets, their neighborhoods, their cities, and supporting institutions. Compelled by a sense of urgency and shared self-interest, many community groups are demanding change. Supported by public and private funding, these groups are taking steps to prevent and reduce substance abuse-related problems. Moreover, these groups are becoming increasingly sophisticated in their efforts, addressing complex societal problems through community-oriented strategies with multiple and integrated interventions.

In 1989, the Robert Wood Johnson Foundation launched "Fighting Back," a 7-year program to assist communities in building comprehensive, systemwide coalitions to reduce the demand for alcohol and illegal substances. Fighting Back grantees are mandated to address the entire substance abuse continuum of care (i.e., public awareness, prevention, early intervention, treatment, and aftercare). And in 1990, the Substance Abuse

and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (SAMHSA/CSAP) introduced its Community Partnership grants program, and in 1990 and 1991, funded more than 250 community coalitions for up to 5 years to plan and implement collaborative substance abuse-related problem prevention programs. States are also supporting similar community-based and comprehensive approaches to prevention and intervention. For example, Missouri and Oregon use block grants and State funds to support many community coalitions; community-based research and demonstration programs in 10 Connecticut municipalities are a focal point of that State's overall prevention initiative. States are often the first to convene key community leaders, and they can provide training and technical assistance.

At the time of the third annual evaluation report on the Community Partnerships in April 1994, most of the 246 Partnerships then funded under the Community Partnership demonstration program had become fully established, with stable organizational structures and elected officials and committees and had launched a wide variety of prevention activities. It was therefore possible to draw preliminary conclusions regarding what elements were associated with successful Partnership efforts. The report prefaced these findings by noting:

Despite the burgeoning popularity of these coalitions, research on strategies like the Community Partnership Program is in its infancy; relatively little is known about how such partnerships become established, what processes of organization and decision-making foster or impede growth and progress, or how partnerships become effective vehicles for launching and sustaining substance abuse prevention efforts. [However,] that situation is starting to change, as the efforts of scores of researchers around the country begin to report their findings on partnerships and similar coalitions. (CSAP 1994)

Thus, despite their appeal, the mechanics of community-oriented strategies are not always well understood by researchers (Butterfoss et al. 1993) or practitioners—and those few principles that are well understood are not always well implemented. With the attention that community-based prevention strategies are receiving, it is imperative that States and local organizers of community-oriented initiatives promote and make best use of the principles of effective community mobilization.

About This Document

This document reflects a "synthetic analysis" of qualitative and quantitative data utilizing a variety of sources:

- ◆ Studies from published and unpublished literature
- ◆ Literature reviews in published and unpublished literature
- ◆ Government reports
- ◆ Demonstration grant summaries, reports, and evaluations
- ◆ Feedback from State substance abuse agencies
- ◆ Conversations with SAMHSA/CSAP project officers

- ◆ Open-ended interviews with community prevention practitioners
- ◆ Site visits to communities in action.

For the purpose of illustration, the text includes many real-life examples and four intensive case studies (Chapter 5). It is intended that examples show adequate diversity in the nature of the community effort, its contexts, and intended outcomes. Naturally, the bulk of examples are directly relevant to substance abuse-related outcomes; however, it was sometimes necessary to describe cases involving other health and welfare outcomes, since the vast majority of previous literature has not been substance abuse-specific. Community mobilization tends to occur around issues about which people feel very strongly, and these issues span the social and political spectrum. The examples used in this document are drawn from broad social agendas.

Caveats and Limitations: What This Report Is Not

This report has a limited focus. For example, it is not intended as a comprehensive review of the literature on the topic, nor is it a primer or resource guide on community organization or community development. It is not a "how-to" manual for mobilizing communities, nor does it attempt to duplicate the literature on community collaboration, community coalitions, or community partnership structures. Other SAMHSA/CSAP publications can provide some of the additional information that communities might need to fully organize, mobilize, and take action (e.g., *Collaboration by Design: An Annotated Bibliography on Community Partnership/Coalition as a Strategy for Alcohol and Other Drug Abuse Prevention*, CSAP 1993a). This report does not prescribe a particular mobilization strategy as better than others, and it does not assess the relative cost-effectiveness of community mobilization efforts versus other types of prevention initiatives.

This report distills existing empirical knowledge and field experience about the probable effectiveness of components of substance abuse-related community mobilization. It provides information about promising approaches and guiding principles usable by different types of communities *to cause positive changes or to prevent negative changes in conditions* affecting them and/or those with whom they share geography (e.g., apartment complexes, a city block, a town, a city, or a county). The primary focus of this report is on action toward the prevention of substance abuse-related problems; it can also be applied, however, to broader prevention issues.

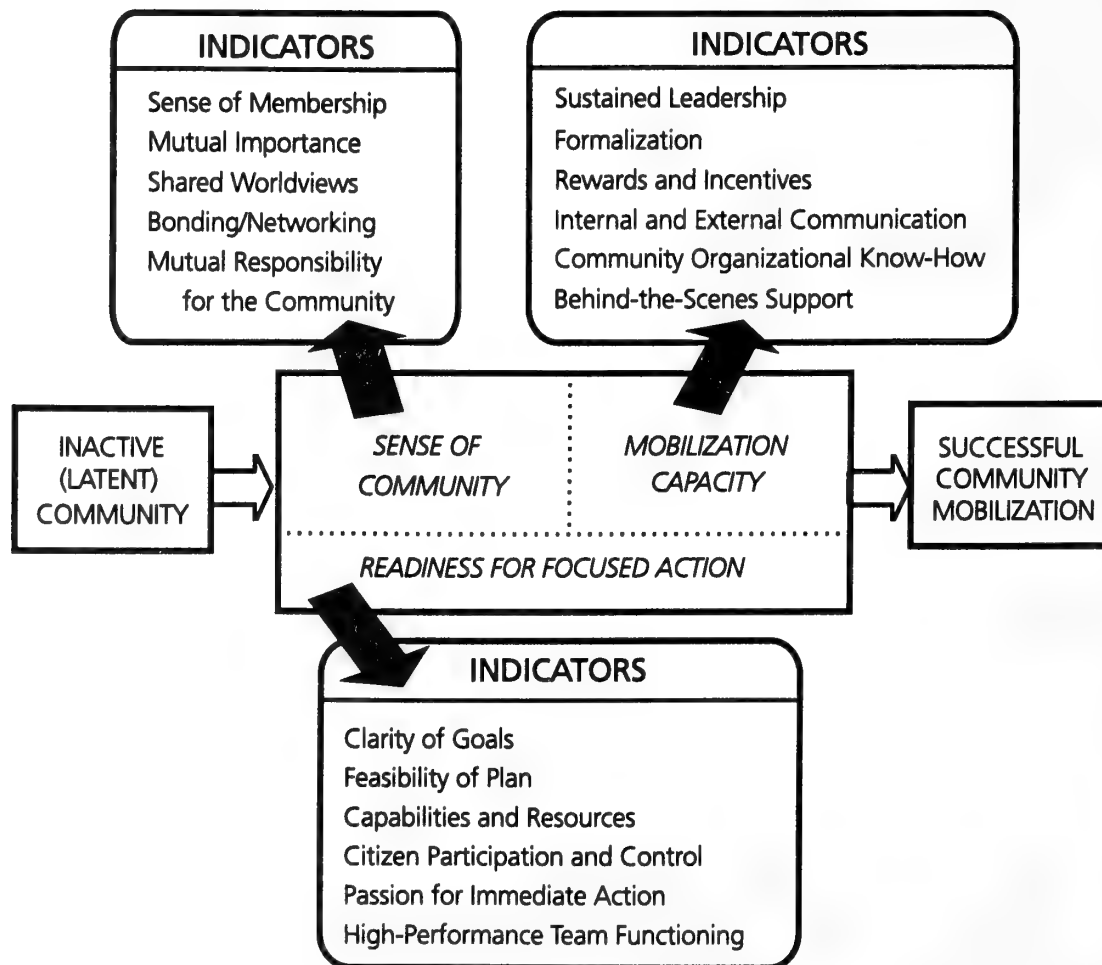
Overview

As conceptualized in this document, community mobilization is a function of three processes that are subtle, difficult to define and measure, and interrelated in complex ways. Nevertheless, understanding these component processes and their role in community mobilization is important to ensure that mobilization efforts are optimally effective. The processes that contribute to effective community mobilization are (1) heightened sense of community, (2) enhanced mobilization capacity, and (3) increased readiness for focused action. Each of these processes is necessary for effective mobilization. They might be viewed as occurring sequentially. For example, before a community has developed a strong sense of unity, it might be difficult for mobilization capacity to be developed or for focused action to occur. The processes are interactive, however. For example, once some degree of readiness for focused action has developed, the sense of community might be strengthened. The extent to which each process is likely to occur can be assessed by

examining several indicators that will be described in more detail in the chapters that follow. Figure 1 shows the three main processes and their indicators.

The rest of this report is divided into five chapters. The first three chapters orient the reader to the three general themes that summarize the previous literature on community mobilization. In Chapter 1, an operational definition of *community* is provided, and five indicators for assessing an action group's *sense of community* are introduced. Chapter 2 provides a definition of *community mobilization*, discusses different mobilization approaches, and provides six indicators for *assessing the capacity* of a small or large group of community members to mobilize for action. Chapter 3 introduces six additional indicators used for assessing the extent to which a community group is prepared for *focused action*. In Chapter 4, a community mobilization scorecard is offered for use by practitioners, researchers, and evaluators to contrast efforts or pinpoint areas in which improvement is warranted. In Chapter 5, four case studies of diverse community mobilization efforts that have proven effective are presented to demonstrate the interaction of factors addressed through the 17 indicators.

Figure 1. Indicators Associated With Effective Community Mobilization for Action



1. The Sense of Community

What Is a "Community"?

In studying characteristics of effective community mobilization, it is first necessary to clarify basic nomenclature. The term "community" is liberally assigned by orators, writers, researchers, and practitioners to wide-ranging sets of people who might otherwise be grouped as families, neighbors, teams, and colleagues. Some think first of sharply defined physical and demographic boundaries. Others speak of the entire world population as a single community inhabiting the global village. What is it that these groups have in common that can be considered a "community"? What are the distinguishing features of a community, especially in the domain of substance abuse-related problems?

Many groups of people are communities in name only. They may inhabit the same section of town or be of the same religious or ethnic background, but these individuals rarely spend time together and feel no ties binding them. Amitai Etzioni (1993) notes that, for many, the loss of geographic-based community was considered to be a gain. However, the transition from small community to anonymous society was not, in Etzioni's words, the "unmitigated blessing people had expected."

"Communities" are sometimes delineated around racial/ethnic lines (e.g., the African-American or Hispanic communities), religious affiliation (e.g., the Baptist or Jewish communities), or by functional similarities (e.g., the business or health professional communities). Sometimes individuals self-select their community membership ("reference groups"); other times, the designation of community member is imposed by insiders or outsiders. The primary or even secondary community for a growing number of active Americans is no longer tied to their place of residence (Chavis and Florin undated; Webber 1963). Perhaps a useful and unifying definition was suggested by Martin and Eisenstadt (1992): "A people is community to the extent that it is communally disposed."

With this definition, families, schools, faith groups, organizations, corporations, governing bodies, neighborhoods, cities, nations, and the global village are communities *in potential*, and they become actual communities whenever some members define their collective identity and responsibilities as important. Community, in this sense, is not necessarily geographically bound or permanent, and it exists only so long as communal purpose and activity exist or can be reawakened after periods of dormancy. And, in this sense, community membership is limited to those who engage actively in communal efforts.

In spite of all of the variations in the nature of communities, substance abuse-related prevention mobilization efforts are most likely to utilize shared geography as a primary distinguishing characteristic of a community. After all, alcohol- and drug-related problems occur physically in some specific time and some specific place. Geographically defined communities might be residents of a public housing development, a city block, a neighborhood, a town or city, a section of a State (e.g., the low-country counties of South Carolina), a region of the country (e.g., New England), or even the Nation as a whole. Governmental funding for community prevention tends to shape the activity in predetermined jurisdictions or geographic areas. (On local levels, arbitrary boundaries—school districts, court jurisdictions, city limits—are often bypassed by concerned citizens, creating special problems for substance abuse-related data collection.)

However the geography or network of community is defined operationally, the motivation to act is still a necessary component of the mobilization process. With limited time or resources to expend on activities not directly related to work or family/social life, some compelling factor is needed to stimulate interest and participation in one's local community (e.g., apartment complex or neighborhood). The occurrence of a dramatic event in the immediate area (e.g., a drug-related homicide or rape) or a threat to property values (e.g., a proposal to develop a shopping center on a nearby property) may generate *short-term interest* and possible involvement in community action. However, to deal decisively with complex, long-term social issues such as substance abuse problem prevention, *sustained involvement* by broad segments of a geographic community appears to be necessary (Klitzner 1993; Wandersman and Goodman 1993). To attract and maintain such involvement, high levels of communality seem to be required.

Historical research in community psychology and more recent analysis applying community psychology to community action in substance abuse prevention strongly suggest that one set of critical variables in the effectiveness of community mobilization efforts involves a "heightened sense of community."

Five Indicators of Sense of Community

Building on arguments about the concept of community (Chavis et al. 1986; Chavis and Florin undated; Chavis and Newbrough 1986; and McMillian and Chavis 1986), consider the following propositions as an operational definition of community:

Community: A set of two or more persons who together exhibit five characteristics: (1) they share a sense of membership or belonging; (2) they acknowledge their mutual importance to, and concern for, each other; (3) they profess common beliefs, shared values, and shared emotional ties; (4) they come together periodically to bond or network; and (5) they accept mutual responsibility for sustaining or enhancing the quality of their interrelationships.

This quality of communality is directly linked to these five characteristics, considered alone and in concert. As any of these factors strengthen, the sense of community and level of community spirit correspondingly increase. As any of the factors weaken, the sense of community and level of community spirit correspondingly diminish. This point is illustrated in Table 1, where two extreme cases are contrasted.

Operational definitions and examples of each of the five indicators are presented below. These examples—as well as those appearing in the next two chapters—are drawn largely from published works, but also include a scattering of recent personal experiences of the

Table 1. Sense of Community: Two Hypothetical Cases

Indicator	Strong Sense of Community	Weak Sense of Community
Sense of membership	The active participants proudly display symbols of membership in the community.	The active participants do not view themselves as a community.
Mutual importance	The active participants recognize, cherish, and support the contributions of each other.	Participants are active only because one or a few powerful persons are involved.
Shared worldviews	The active participants hold common beliefs and promote shared values important to them.	The active participants hold fundamentally different beliefs and values and cannot reconcile their differences.
Bonding/networking	The active participants enjoy one another and look forward to time spent together.	The active participants have no affinity for each other, and relationships are formal or superficial.
Mutual responsibility for the community	The survival and health of the community is a primary concern of all its active participants.	One or only a few persons struggle to keep the group together.

authors of this report in providing technical assistance to community mobilization efforts. References are provided for the examples that exist in published works.

Sense of Membership: The extent to which community members participating in the mobilization effort identify themselves with the effort and with the others engaged in it (e.g., McMillian and Chavis 1986). In communities with a strong sense of membership, individuals feel fully connected with the group effort and often display symbols of their belonging (e.g., T-shirts, buttons, religious symbols).

Example

In SAMHSA/CSAP's Community Partnerships Program, coalitions across the Nation have received funding to plan and implement collaborative prevention programs. The individuals who are involved in the Partnerships are as diverse as the communities themselves. Nevertheless, these individuals—program staff, researchers, teachers, business leaders, mayors, concerned citizens—share a sense of membership with the Partnership community. They identify with, and feel connected to, their colleagues across the Nation who are attempting to create healthier communities through the prevention of substance-related problems. This sense of membership is reinforced through annual Partnership conferences sponsored by SAMHSA/CSAP (CSAP 1994).

Mutual Importance: The extent to which community members acknowledge their importance to, and concern for, each other. Communities that exhibit a high degree of mutual importance have members who depend heavily on each other for collective success (Butterfoss et al. 1993).

Example

Jane Jacobs, in *The Death and Life of Great American Cities* (1961), contrasted sections of Boston in the late 1950s. She noted that the streets of the North End were probably as safe as any urban street could hope to be. Although police patrols existed, the key to crime prevention was "an intricate, almost unconscious, network of voluntary controls and standards among the people themselves, and enforced by the people themselves." Would-be attempts at mugging, molestation, or other street crime were thwarted by passers-by, neighbors from windows, or shopkeepers. People, in short, looked out for one another and paid particular attention to the safety of the children playing outside.

Shared Worldviews: The extent to which community members profess common beliefs and shared values. In communities where there are shared worldviews, common aspirations dictate the activities of the community. Conflicts of values are rare and addressed through frank and productive discussion (Butterfoss et al. 1993).

Example

The Gloucester Prevention Network is a citywide Community Partnership funded by SAMHSA/CSAP to address the multiple problems of substance use and abuse in the working-class fishing community of Gloucester, Massachusetts. The Network is working to subtly, tactfully, and diplomatically infuse prevention values—or worldviews—into the existing community systems. The goal is for community members to internalize these values, practices, and strategies of prevention and transmit them throughout the community to create conditions that can sustain lasting normative change. The Network is working to encourage policy changes at liquor stores, stricter enforcement of varsity athletic eligibility rules, parental pressure on the police, and positive publicity in the media in order to create a worldview of a healthy community free of substance abuse problems (Coles and Salzman 1994).

Bonding/Networking: The extent to which community members come together to bond and network (e.g., Chavis and Newbrough 1986; Chavis et al. 1986). Communities that create frequent opportunities to bond have members who enjoy one another and look forward to spending time together.

Example

Many of SAMHSA/CSAP's Community Partnerships create bonding opportunities that offer community members the chance to spend time with each other in an enjoyable, substance-free environment. Boston Against Drugs (BAD), for instance, staged a successful 2-day event, known as "Big BAD/Soul of the City Weekend." Events included "Rap with the Top Cop," an open forum discussion for local youth with the Boston police commissioner; all-star high school basketball games; and a march and rally that drew 4,000 participants. The rally featured sports figures, community leaders, and celebrities. These and other similar events do not merely provide entertainment for individuals, families, and friends. They provide a mechanism for community members to see one another, for strange faces to become more familiar, and for communities to become less fragmented (CSAP 1994).

Mutual Responsibility for the Community: The extent to which community members accept the responsibility for sustaining or enhancing the quality of their community (e.g., Etzioni 1993). For communities with a strong sense of mutual responsibility, members show continued concern for community health and well-being. Individuals and groups remain on alert for potential problem areas and act quickly to solve problems as soon as they arise.

Example

Businesses and the communities in which they operate appear to be renewing their sense of mutual responsibility for one another. Community members are, of course, responsible for sustaining viable businesses through their patronage. In turn, businesses are responsible for encouraging and supporting safe and healthy environments for their employees, their consumers, and the communities in which they operate. Employee assistance programs are mechanisms that employers can use to create the sense of responsibility to employees and the community. For instance, in Oregon, the City of Portland Regional Drug Initiative helps train small businesses through workshops, technical assistance, and speakers bureaus. Additionally, it has implemented two media campaigns, one targeted toward employees entitled "Help a Friend" (*Prevention Pipeline* 1994).

Time is often a scarce commodity for many potential participants in community activity. While obtaining positive results is a first priority, a certain amount of time needs to be set aside for socializing, networking, and celebrating successes. As community members, individuals have to learn to trust and depend on one another to get complex tasks accomplished. But, as community members, they also have to get to know each other personally and find enjoyment in working together. To make this possible, those assuming lead roles in the community mobilization process must serve as *community builders* as well as problem solvers (e.g., Butterfoss et al. 1993; Prestby and Wandersman 1985). They must remain attentive to these five characteristics and seize opportunities to strengthen and reinforce each of them among veteran and new community members alike.

2. Mobilization Capacity

The importance of community-based action in resolving complex local problems is widely recognized (see, for instance, Alinsky 1971; Arnstein 1969; CSAP 1993b; Kramer 1969; Mogulof 1969). Across the Nation, diverse efforts are under way to tackle problems through community action. At the local level, block organizations, neighborhood associations, and city agencies may be working collaboratively or independently to create healthier and safer communities (e.g., Friedmann et al. 1988; Prestby and Wandersman 1985; Wandersman et al. 1981). Varied support from Federal, State, and local governments and foundations exists to promote community-oriented initiatives that address pressing issues, including substance abuse, homelessness, and crime (Butterfoss et al. 1993; Klitzner 1993).

It may seem surprising that there is little definitive evidence that community-oriented approaches solve societal problems. Rigorous research on community mobilization effectiveness in general is rather scant; most investigations have been in the form of case studies, especially in the case of substance abuse problem prevention (Butterfoss et al. 1993; Moskowitz 1989; Wandersman 1984). Certainly, there have been very suggestive instances of the importance of community support in the advocacy for policy changes (e.g., smoking control ordinances). However, parsing out the causal contribution of specific community mobilization efforts, in the context of multiple interventions and multiple forces affecting alcohol and drug abuse in communities, is a daunting task. Only a few rigorous community studies are currently being conducted—all multiyear, multimillion-dollar efforts.

Much of the previous research on community mobilization effectiveness is process-oriented, describing factors that ostensibly keep community mobilization initiatives operating smoothly rather than assessing the extent to which these initiatives produce anticipated impacts, such as reduced substance use (Butterfoss et al. 1993; Harachi et al. 1996). There is relatively little information describing and assessing which strategies and mechanisms for mobilizing communities are most effective and in what circumstances (Butterfoss et al. 1993; Harachi Manger et al. 1992).

It is the objective of this document to synthesize the consensus of what is known in the literature and in practice about the most promising characteristics of effective community mobilization in the prevention field. Beginning with this discussion of mobilization capacity, a synthesis of current knowledge (e.g., Alinsky 1971; Butterfoss et al. 1993; Chavis and Florin undated) suggests that there are at least 12 more identifiable indicators (in addition to the 5 related to sense of community discussed in the previous

chapter) that are pertinent to the relative success of community mobilization initiatives. In general, it is reasonable to hypothesize that the more a community mobilization effort is congruent with the 17 positive indicators, the greater its chance of success.

A caution here—from the point of view of prevention planners—even effective community mobilization must be oriented toward prevention strategies that work to produce outcomes *measurable by changes in alcohol and drug use*. For example, it is possible that a wildly successful community mobilization effort might be mounted to generate buttons, banners, ribbons, and billboards all around town, but seasoned prevention practitioners or evaluators would have little expectation that rates of substance abuse problems would necessarily fall. A parallel work—*Guidelines and Benchmarks for Effective Prevention Programming* (in preparation from SAMHSA/CSAP)—offers a system for rating the probability of effectiveness of various prevention efforts. The combination of strong community mobilization efforts with proven prevention strategies offers a powerful option for advancing the public health.

What Is “Community Mobilization”?

The term “community mobilization” is a broad and imprecise term that carries with it many images, ranging from the mobilization involved in political campaigns, to cleanup efforts following natural disasters, to the Civil Rights marches of the 1960s. As a generic definition:

Community mobilization is the movement of community members from dormancy in preexisting groups or potential in yet-to-be-formed groups toward action.

A community is mobilized to the extent that at least some of its members—people who feel they have a legitimate claim to represent some portion of the community—have made a concerted effort to create change in the community. Community members may mobilize on their own behalf (e.g., to rid a corner of drug dealers or organize a neighborhood watch initiative) or to support some larger process (e.g., to elect a mayor or get a statewide proposition defeated).

Although the term “community mobilization” tends to evoke images of all or most community members joining together for action (e.g., a nation during wartime), few mobilization efforts are so broad. Some “mobilization” efforts, for example, are really the work of a few individuals. Mobilization approaches can be divided into three broad categories (e.g., Chavis and Florin undated; Florin and Chavis undated; Wandersman 1981): grassroots, social programming, and community development. These approaches are largely delineated by the degrees to which they involve participation from citizens and/or key community leaders.

Grassroots Approaches (High Citizen Participation; Low Key Leader Participation). Grassroots approaches to mobilization seek broad support among community members who, prior to the mobilization effort, were unconnected or loosely connected. Grassroots approaches are often very successful in responding to short-term crises or specific, well-delineated problems. The individuals mobilized may tackle the problem conditions themselves, with tacit or formal consent of those in power, or may use the strength of numbers to spur desired action from those in power.

Social Programming Approaches (Low Citizen Participation; High Key Leader Participation). Social programming approaches are organized around established institutions or service delivery systems and are controlled by the institutional or system heads. Although community members may be offered opportunities to participate on advisory councils, they generally have little control of the resources or the decision-making process (Chavis and Florin undated). The social programming approach to mobilization appears best suited for situations in which the goal is to incrementally improve already existing services (Chavis and Florin undated). It has been successfully used, for example, in connection with school-based prevention services, community health centers, and community mental health systems (Chavis and Florin undated).

Community Development Approaches (High Citizen Participation; High Key Leader Participation). Community development is the process of voluntary cooperation and self-help/mutual aid among residents of a locale aimed at the creation of improved physical, social, and economic conditions. Whereas the social programming approach is characterized by leaders and their representatives developing and implementing solutions for community members, community development is characterized by leaders and their representatives providing community members with the tools and the resources needed to be self-sufficient (Christenson et al. 1989; Florin and Wandersman 1990).

Many researchers and program developers consider the community development approach to be the most promising approach to community mobilization with greatest likelihood of effecting positive change related to complex social problems (e.g., Florin and Chavis undated; Harachi et al. 1996; Lofquist 1983; Wandersman 1981). This is particularly true as many of the formal systems that provide social programs are strained to the limit of their resources (Chavis and Florin undated). As noted, a cornerstone of the community development approach is the notion of empowerment—fostering community members' feelings of efficacy and control and their capacity to bring about change. Reininger (1995) offers the following definition of empowerment:

Empowerment is a physical, psychological, and spiritual process in which individuals actively define their own problem(s) and plans for change, and ultimately accept responsibility for the results therein. This process, although rooted in an individual's behaviors and beliefs, engages other individuals, groups, organizations, and communities in the plans and actions of change.

The ultimate goal of the community development approach is, in Reininger's terms, *collective empowerment*—the process by which individuals, small groups, organizations, and segments of the community operate in concert to improve the quality of life for themselves and their overall community. Other cornerstones of the community development approach are active engagement and mobilization of increasing numbers and segments of the community, along with increasing cooperation and support of key community leaders (Chavis and Florin undated; Wandersman 1981). This combination of high levels of community participation and the involvement of key leaders provides communities with the broad-based support and the authority to generate meaningful change. Community members are most capable of recognizing their problems, identifying potential solutions, and implementing those solutions, while key community leaders are essential sources of influence and resources and can greatly enhance a community's ability to develop and implement its vision (Bracht and Kingsbury 1990; Kibel and Schneider draft).

Six Indicators of Mobilization Capacity

Regardless of the approaches that communities adopt to mobilize their members, there are several organizational and structural factors that influence a community's ability to mobilize for action and contribute to its overall functioning and effectiveness. Four factors reported by Butterfoss et al. (1993) are sustained leadership, formalization, rewards and incentives, and internal and external communication. To these can be added community organizational know-how (Alinsky 1971) and behind-the-scenes support (Kibel and Schneider draft).

Mobilization capacity is directly linked to these six characteristics, considered alone and in concert. As any of these factors strengthen, the capacity of community members to mobilize for action correspondingly increases. As any of the factors weaken, the capacity to mobilize correspondingly diminishes. This point is illustrated in Table 2, where two extreme cases are contrasted. Operational definitions and examples of the six indicators of mobilization capacity are presented below.

Table 2. Mobilization Capacity: Two Hypothetical Cases

Indicator	High Mobilization Capacity	Low Mobilization Capacity
Sustained leadership	Strong leaders have emerged to keep activities on track and motivate other community members to stay involved.	The effort is muddling along without leaders who have the qualities to provide direction and motivation.
Formalization	Clear procedures, manuals, ground rules, and role definitions exist to provide a framework for community member participation.	Community members function in an ad hoc manner, and newcomers have to define their own roles.
Rewards and incentives	Those involved feel valued and appreciated and receive rewards that make them feel their efforts are worthwhile.	Participants don't feel that they receive rewards that compensate for the cost of their involvement.
Internal and external communication	Active members share experiences and information on a regular basis, and the effort is well covered by local media.	Members rarely communicate with one another outside meetings or contact the media to get coverage of their activities.
Community organizational know-how	A community member with years of successful community organizational experience is actively involved in recruitment and resource mobilization.	The active members are inexperienced at working on a community-based project.
Behind-the-scenes support	A highly effective support team functions to handle day-to-day logistics and provide technical assistance as needed.	Tasks sometimes fall between the cracks or logistics are poorly handled because there is no one specifically responsible for their functions.

Sustained Leadership: The extent to which the mobilization effort is guided by one or more leaders throughout all phases of the initiative (e.g., Butterfoss et al. 1993). Mobilization efforts with a high degree of leadership will be evident at public meetings, in mobilizing human and other resources, in motivating participants, and in accomplishing tasks on schedule and with consistent high quality.

Leadership is a critical factor throughout a mobilization effort. Leadership styles can be categorized as task oriented or social-emotional oriented; the leadership of any given initiative should contain elements of both. Task-oriented leaders tend to be responsible for decision-making and monitoring the community activities. Social-emotional leaders, in contrast, tend to be responsible for motivating individuals, energizing participants, and resolving interpersonal conflict. In some cases, the task-oriented leader and the social-emotional leader are one and the same; in other cases, there may be more than one individual who takes on the different leadership roles (Klitzner et al. 1993). Leaders must be competent at problem solving and conflict resolution, able to obtain resources, and responsive to the needs of community participants. Leaders should also possess administrative skills, be able to run meetings effectively, encourage collaboration among community members, and delegate responsibility. Finally, they should have the skills to work with culturally diverse members of the community.

Example

"Let's Clean It Up" is an organization located within an 8-square-block area of the 17th police district in Philadelphia. The 17th police district is characterized by high crime, drugs, and shootings. The group's primary activities are (1) coordinating reports of drug activity from a network of senior citizens and (2) getting people of all ages involved in cleaning up and maintaining their neighborhood. The group's success has largely been the result of the cooperation between its charismatic and determined leader, the local police district, and community organizers associated with an umbrella antidrug organization.

Although a small group of residents is involved in "Let's Clean It Up," the group is spearheaded by a determined leader. This individual took it upon herself to initiate the mobilization effort and to ensure its sustainability. Her leadership skills are evidenced by her ability to motivate community members and forge links with key city leaders. For instance, she serves as the liaison between the police department and the residents—that is, she accepts drug- and crime-related complaints from the residents and registers them with the police. Additionally, she acts as the liaison between her community, the police, and organizers from an umbrella antidrug program in the city. She, in effect, has given the police and the antidrug program access to the community in which she resides. In return, the antidrug program and the police help the residents by working with the city bureaucracy to accomplish such objectives as acquiring improved lighting, cleaning up garbage, getting the liquor board to close down or clean up crime-ridden bars, and sealing up abandoned buildings. Without the strong and continuous leadership of that one individual in the community, however, the police and the antidrug program might have had little impact on this community. As such, broader community support may be necessary to sustain this effort over a long period of time (Smith and Davis 1993).

Formalization: The extent to which a mobilization effort has formalized rules, roles, and procedures to guide the mobilization effort (e.g., Butterfoss et al. 1993). Mobilization efforts that are formalized are generally able to operate more smoothly and are more sustainable than those that are not formalized. In recommendations based on a review of the SAMHSA/CSAP Community Partnerships, the Third Annual Evaluation Report recommended that the Partnerships start work early to establish a sound organizational structure based, in part, on adequate formalization (CSAP 1994).

Sustained community mobilization efforts require formalized rules, roles, and procedures, as well as formalized decision-making, problem-solving, and conflict resolution processes (e.g., Butterfoss et al. 1993). Areas of formalization in a community mobilization effort can include written memoranda of understanding among agencies, mission statements and goals, written policies, and meeting and operational procedures. Evaluation of the Community Partnerships indicated that Partnerships that had formalized criteria for membership were consistently more likely to achieve their intermediate goals (CSAP 1994). In their review of the literature on community coalitions, Butterfoss et al. (1993) noted that formalization has been shown to increase the investment of resources and exchanges among agencies, enhance satisfaction among participants, and engender a higher degree of commitment and responsibility among participant agencies. Additionally, formalization permits the critical behind-the-scenes operations of the mobilization effort to become routinized and more readily sustainable. In some communities this formalization may require knowledge of complex social and cultural traditions and protocol.

Example

Persons with disabilities are estimated to represent 10 percent of the total population of Tucson, Arizona. A 1994 task force organized to focus on problems faced by this community drew up a long list of physical, social, service, and policy environmental changes that were needed, several of which were linked to substance abuse. In response, a loose confederation of eight organizations called on their respective membership bodies to join together for problem solving leading to action. During the next 4 months, six ad hoc projects were designed and implemented with staff support provided by the local Community Partnership. To sustain and build on these initial successes, the participating organizations recognized the need for a more formal relationship. They are now in the process of forging a coalition with the local Partnership, creating a combined board to focus on disability issues, and establishing clear guidelines for the types of projects they intend to implement or support.

Rewards and Incentives: The extent to which expected or perceived benefits of participating in the mobilization effort outweigh expected costs (e.g., Butterfoss et al. 1993; Prestby et al. 1990). Communities with high levels of incentives have relatively fewer difficulties in attracting volunteers and sustaining momentum than those with fewer incentives. Participants take pride in their involvement and contribution to the greater community.

Butterfoss et al. (1993) noted that the benefits of participating include increased information sharing, enhanced access to resources, involvement in an important cause, attainment of the desired outcome, enjoyment of the community's work, personal recognition,

and enhanced personal or organizational skills. Costs may include time and associated opportunity losses, lost autonomy (particularly if working in the realm of a community coalition), associating with unfavorable partners, lack of recognition and appreciation, burnout, and pressure to commit more time and energy to community activities. The ability of the leadership of a community mobilization effort to orchestrate the effort so that benefits dramatically outweigh the costs may be crucial to obtaining initial, and particularly continuing, community participation. Evaluation of the SAMHSA/CSAP Community Partnerships indicated that it was necessary for the Partnerships to keep members satisfied in order to maintain organizational viability (CSAP 1994).

Example

Liberation Programs of Stamford, Connecticut, operates substance abuse treatment and prevention programs throughout the Stamford area. One of its projects involves using a community mobilization model to enhance the prevention capacity of residents of four independent communities: Stamford, Greenwich, Darien, and New Canaan. As an early step in the process, Liberation Programs needed to persuade key leaders and residents of the four communities to become involved in the project. Staff of Liberation Programs have had to articulate clearly the benefits of joining their mobilization efforts to persuade community members that such benefits will outweigh the costs.

Persuading members of the four communities to form one coordinated collaborative effort has not been easy. Each community has its own independent prevention council, and the councils already send representatives to an areawide Prevention Planning Committee (PPC). While Liberation Programs plans to use the PPC as its vehicle for carrying out mobilization efforts, it needed to offer additional incentives. Incentives of the collaborative effort offered are reduced duplication of effort, enhanced coordination, enhanced resources, and increased opportunities for systemic change throughout the entire area, rather than fragmented change in each community.

Internal and External Communication: The extent to which members communicate with each other (internal) and with the community at large (external) to share information and resources regarding the mobilization effort. Mobilization efforts that demonstrate a high level of communication provide opportunities for members to share information frequently and openly. Open and frequent communication among community members enhances trust among members and tends to increase dialog, as well as resource and information sharing. Open and regular communication allows members to retain focus in the face of competing demand for their time and energy. Local media coverage of success stories and community celebrations of these victories further encourage sustained involvement and commitment (Wittman 1990).

Example

When the Community Partnership of Santa Clara County, California, came into existence through a SAMHSA/CSAP grant, it was an unknown entity within a large urban county with many established "players." To establish name recognition and draw interest to its programs and activities, a communications team was established with the challenge of creating a recognizable image for the Partnership. Building upon a distinctive logo featuring a hand reaching upward to a star, a solid graphic corporate identity was established. The Partnership's letterhead and logo were chosen to appear in *American Corporate Identity*, a hardbound annual with worldwide distribution. Its annual report was chosen from among 5,000 entries from around the world as one of the best submissions, based on effectiveness of design and innovation in communication, and resulted in an award and its inclusion in an exhibition.

Community surveys reinforced the importance of the design emphasis. Community members reported always being sufficiently interested in the letters and packages sent to them by the Partnership to open them up and see what was inside. The materials were seldom mistaken for throwaway mail. The Partnership is currently exploring the use of Internet and other vehicles of the "information highway" for sharing information and increasing the effectiveness of its communications with the community.

Community Organizational Know-How: The extent to which at least one active community member has experience in organizing communities. Mobilization efforts supported by effective community organizers are generally able to bring out volunteers, turn over key responsibilities for the effort to local residents, and keep service organizations and other institutions active in the process (Butterfoss et al. 1993).

Saul Alinsky (1971) offered a list of ideal characteristics for a community organizer, while noting that such qualities, in needed intensity, rarely come together in one man or woman. He argued that the best organizers should have them all, to a strong extent, and any organizer needs at least a degree of each. The list included curiosity, irreverence, imagination, sense of humor, a bit of blurred vision of a better world, an organized personality, political relativity, a strong ego, a free and open mind, and communication skills. Unlike a leader who wants, builds, and wields power for purposes both social and personal, the organizer finds his/her goal in creation of power for others to use. Alinsky noted that one can lack any of the qualities of an ideal organizer—with one exception—and still be effective and successful. That exception is the art of communication. He observed that no matter what organizers know about anything, if they cannot communicate that know-how, then "they are not even a failure, they are just not there."

Example

The Safe Streets Campaign in Pierce County, Washington, originated in 1989 as a community-driven response to increasing levels of drug dealing, drug trafficking, gang activity, and violence. Guided by a team of experienced community organizers and activists, and relying on volunteer mobilizers, the Safe Streets Campaign launched a massive mobilization effort aimed at reclaiming the streets of Pierce County one block at a time. Beginning with a low-key approach, the organizers helped communities amass a series of small successes in their neighborhoods. With the small wins under their belts, the community organizers were ready to reach a "critical mass," and began their block-by-block mobilization campaign, targeting three new block organizations a day as a goal. The community organizers estimate that they can directly impact 36,000 people during a year of intense neighborhood mobilization.

The Safe Streets organizers are experienced facilitators with dedication to the process of inclusion, the discovery of new tools for neighborhood use, and the dissemination of information. They trust that the answers to most of the problems that people face are in their own neighborhoods and communities. The resources to implement solutions, however, exist in agencies and governmental entities that surround the communities. The goal of the organizers, then, is to become conduits and initial connectors for these two universes (Kleiner 1994).

Behind-the-Scenes Support: The extent to which a mobilization effort receives logistical and technical support from paid staff or volunteers (e.g., Kibel and Schneider draft; Wittman 1990). Community mobilization efforts with effective behind-the-scenes support allow community members to enter and engage in the process in ways convenient and interesting to them.

One of the constant challenges of community mobilization is gaining and retaining overtaxed volunteers and overworked professionals, as well as newcomers to community action. If the community mobilization effort feels like "work" for these individuals, they may avoid involvement. Wherever possible, community members should be used where their interests and talents lie and where they can assume responsibilities well matched to their talents and interests. To allow this to happen, some support organization must be functioning behind the scenes to orchestrate the many details associated with community action. Those staffing this operation need to be hard working, personable, efficient, able to cope with surprise and change, and effective advocates for the community mobilization process. Community members should view the support team as able to accomplish the behind-the-scenes tasks (such as meeting logistics, communications with participants, recordkeeping, media relations, technical assistance, and damage control) without pushing a specific agenda or dominating and controlling the process.

Example

Communitywide coalitions are currently highly touted as a method for mobilizing communities. They have been formed to address a variety of societal concerns, including cardiovascular disease prevention, general health promotion, mental health services, homelessness, and substance abuse-related problems. Among the most well-known communitywide coalitions in the substance abuse arena are the Fighting Back coalitions and the SAMHSA/CSAP Community Partnerships. These, like other communitywide coalitions, generally function via two broad categories of participants: community members who volunteer to participate on task forces and committees, and paid staff who provide the logistical support for the community volunteers.

The Fighting Back coalitions, for instance, all have task forces consisting of key community leaders and concerned citizens. The members of the task force and its various subcommittees volunteer to meet on a regular basis (e.g., twice per month) and are charged with defining their problems, assessing their resources, and designing and implementing their solutions. These volunteers provide the vision for the mobilization effort, and their participation embodies the community mobilized. Nevertheless, there are routine tasks that must be accomplished—letters must be mailed, minutes must be copied and distributed, meeting rooms must be reserved. If the community members had to perform these duties regularly, they would have little time to work toward their vision, and they would become burned out by the multitude of mundane tasks. Therefore, the Fighting Back coalitions all have (as do the Community Partnerships) paid staff who provide this logistical support. Only with the support of dedicated individuals who work behind the scenes can efforts like Fighting Back and the Community Partnerships be sustained.

3. Readiness for Focused Action

Whether being accountable to funding and support sources, their broader communities, or both, groups engaged in community mobilization need to be results oriented. A leader of one such effort reports: "We replaced the idea that we're going to be here forever with the idea that we are here with a purpose, and that purpose has to be maximized. The mission, the dream, has to be in everyone's mind and everyone's heart. The level of performance has to increase."

Community mobilization efforts aim to reach desired community outcomes, such as relative reductions in substance abuse-related problems. A mobilization structure may be in place (e.g., a community coalition), and factors that buttress the structure may be in place (e.g., leadership, communication channels), but the community may not be mobilized *for results-oriented action*. That is, although a community might have all the ingredients to make a mobilization effort successful, it might not combine these in the right mix or in a strategic and timely manner. To reach these outcomes, the ultimate and interim targets must be clearly defined and generally agreed upon (Gray 1985); realistic strategies and action plans must reflect available or accessible resources (including human talent and energy) (Chavis and Florin undated; Kibel and Schneider draft); and individuals and action teams need to step forward to put these plans into effect (Weick 1984).

Six Indicators of Readiness for Focused Action

Below is a set of six indicators that, considered together, point to the degree of readiness for moving the community to action and desired outcomes. These factors are clarity of goals, feasibility of plan, capabilities and resources, broad-based citizen participation, passion for immediate action, and high-performance team functioning. A community fully ready for focused action (fully mobilized community) satisfies all six indicators at high levels; a community partially prepared falls short in one or more of these areas. This point is again illustrated through contrasts of two extreme cases (Table 3).

Clarity of Goals: The extent to which a community-based effort has a specific set of goals and an associated timeline. Establishing a set of clearly articulated goals linked to a timeline is the first indication that a community has begun to mobilize for action and may be an important element in generating collaboration among organizations and individuals (Butterfoss et al. 1993; Gray 1985; Wittman 1990). To the extent possible, ultimate goals and intermediate objectives should be measurable.

Table 3. Readiness for Focused Action: Two Hypothetical Cases

Indicator	High Capacity for Action	Low Capacity for Action
Clarity of goals	The issues facing the community are clear, and consensus exists on the types of responses needed.	There is concern but no consensus regarding the direction for responding.
Feasibility of plan	A practical and flexible action plan is being implemented and updated based on accurate feedback.	The group is muddling through with quick fixes and unrealizable schemes.
Capabilities and resources	The members collectively possess or have access to all needed talents, skills, and resources.	The members have no access to—or are not aware of—the talents, skills, and resources that are needed to mobilize.
Citizen participation and control	The initiative is made up of, and controlled by, members of the targeted community and includes active participation of those most affected by the proposed changes.	There is minimal representation by persons who will be affected by the initiative.
Passion for immediate action	The members are committed to making some positive, goal-directed and well-conceived change happen in the community as quickly as possible.	The members like to talk, argue, and push their views but are not committed to making some positive change in the community.
High-performance team functioning	The members can function as a high-performance team to get the job done.	The members have a hard time coordinating action and working together.

For communities with articulated goals, the issues are clear and consensus exists on the types of responses that are needed. Effective mobilization initiatives will center around articulated goals and objectives that (1) can act as guideposts by which the mobilizers can design, implement, and evaluate their efforts and (2) can be supported by large numbers of community members (Gray 1985). Clarifying goals and objectives may be an iterative process, one that requires continual refinement.

Example

The Community Action Against Substance Abuse (CAASA) program, a substance abuse prevention initiative in Hartford, Connecticut, utilizes a training-of-trainers and technical assistance model to enhance the prevention capacity of several communities in the Hartford area. One of CAASA's goals is to advocate for improved health and wellness policies. When the project was proposed, this goal was supported by a small set of objectives. As the result of a systematic review of the objectives conducted jointly by the program planner and the evaluator, the planner recognized that the

stated objectives did not capture the intent of the goal, which was to create a large-scale shift in the way the city approaches substance abuse-related prevention. One objective, for instance, was to have trainees demonstrate familiarity with city and regional policy and programmatic efforts. The evaluator and the program planner then worked together to reframe the objectives to meet the true intent of the goal. The revisions provided a more clearly articulated plan of action to facilitate the program's ability to reach its goal. The objective cited above now calls for the trainees to be involved in city/regional/State policy, programmatic, and legislative efforts.

Feasibility of Plan: The extent to which a mobilization effort has a practical and flexible action plan that can be updated based on accurate feedback. The presence of an action plan indicates that community members have developed outcome targets, strategies, timeliness, process and outcome measures, and tracking systems. The plan should be based on a thorough understanding of the substance abuse problems facing the community. It should also be well articulated, practical, flexible, and build logically toward goal attainment (Kibel and Schneider draft; Simpson and Stanghetta 1990). In the Third Annual Report of the National Evaluation of the Community Partnerships (CSAP 1994), the importance of developing a well-thought-out plan was noted.

Example

Milwaukee, Wisconsin, is one of 14 "Fighting Back" communities funded by the Robert Wood Johnson Foundation to create comprehensive, system-wide substance abuse problem prevention programs. Because of its history as a center for the American brewing industry and the continued presence of a major brewer in the city, participants in Milwaukee Fighting Back decided that they could not simply confront prevention issues related to the alcohol industry head-on, as is being done in some Fighting Back communities. Instead, Milwaukee Fighting Back generated a feasible and practical plan that promotes alcohol and drug abuse problem prevention without antagonizing community members and detrimentally affecting its initiative. One component of their plan is "Erase and Replace," a program by which youth design billboards to replace many of those across the city that promote alcohol use.

Capabilities and Resources: The extent to which community members have the capabilities and access to the needed resources to implement their plan (e.g., Butterfoss et al. 1993; Prestby and Wandersman 1985). Communities with a high degree of capabilities and resources possess talents, skills, and resources needed to reach their goals. A community must acquire or enhance its capabilities and resources to be positioned to implement its action plan. Also important are the skills (programmatic and administrative) to move the effort forward (Gray 1985). Training, consultations, new personnel, and collaboration with other organizations may be necessary to bring the appropriate resource and skill mix to a mobilization effort (Chavis and Florin undated).

Example

The Community Intervention Trial for Smoking Cessation (COMMIT) was a community mobilization effort that had access to skills, talents, and resources to carry out its vision. COMMIT was a large-scale action research project designed to study the effectiveness of a comprehensive, community-based effort to increase the smoking cessation rate, particularly among heavy smokers. COMMIT was sponsored by the National Cancer Institute and involved 11 communities in North America from 1986 through 1992.

COMMIT used a "leadership model" of community mobilization to ensure that the program maximized its resources and possessed the technical capabilities to motivate, educate, and mobilize community residents around issues of smoking cessation. Each of the 11 communities includes a community board and at least four task forces in key areas. COMMIT participants recruited key leaders in each community who had access to resources and/or who had input into local policy and programming. The model also emphasized input from key community sectors, thereby ensuring broad community representation and support. Preliminary process data suggest that COMMIT garnered sufficient resources and possessed the capabilities to mobilize smoking cessation initiatives in each of the 11 communities (Lichtenstein et al. 1990–1991; Thompson et al. 1990–1991, 1993).

Citizen Participation and Control: The extent to which community members who are benefiting from the mobilization effort are involved in its design and implementation (e.g., Alinsky 1971; Arnstein 1969; CSAP 1994). For community mobilization efforts with a high degree of citizen participation and control, members of the targeted community play the major role in the initiative.

Community mobilization efforts sustained through broad community representation and citizen control, including those most affected by the proposed actions, are likely to have community support and appeal. Encouraging full community participation and control, however, is a complex undertaking for many reasons, including the following: (1) the mechanisms underlying citizen participation are not well understood (Wandersman 1984), (2) there are no clear guidelines regarding how much citizen participation and control are appropriate (e.g., Arnstein 1969; Moynihan 1969), and (3) there are potential costs as well as benefits to citizen participation and control (Prestby et al. 1990; Wandersman 1984). Nevertheless, efforts that severely restrict participation often fail when they are foisted on the intended community beneficiaries.

Example

United Neighborhood Organization (UNO) of Chicago was formed in the early 1980s to enhance the socioeconomic conditions of the predominantly Mexican neighborhoods of the South Side of Chicago. UNO is composed of four local and largely autonomous organizations: UNO of Southeast Chicago, UNO of Little Village, UNO of Back of the Yards, and Pilsen Neighbors Community Council. These four organizations maintain separate operations but have formed an alliance to coordinate common programs, actions, and training projects. UNO of Chicago was formed by a husband and wife team

who were trained in community organization by students of Saul Alinsky, one of the great community organizers of the 20th century. UNO's adherence to many principles espoused by Alinsky is evident, particularly his belief that participation in a democratic, instrumental community organization can help residents alleviate feelings of alienation and despair. As such, UNO is committed to giving people power over their own lives.

Although UNO of Chicago is headed by a professional organizer, as are each of the four collaborative organizations, it relies heavily on community members and their affiliations with smaller community units (e.g., block clubs and PTA groups) to respond to the issues of the community. Community residents form a steering committee responsible for selecting and developing strategies for citywide action. Similarly, representatives from 21 parishes form a sponsoring committee responsible for administering the funds for UNO. There is considerable effort to train local leaders in community organizing and problem solving. Such efforts help ensure that UNO is in the hands of citizens—with guidance from the professional organizers—who can effectively act on their own behalf (Reitzes and Reitzes 1987).

Passion for Immediate Action: The extent to which community members are intent on taking immediate action to change conditions in the community. The community with high passion for action has grown tired of talk and demands to see results. The active members of the mobilization effort need to produce quick-turnaround successes in order to maintain enthusiasm and involvement. The short-term goals, however, should not preclude careful planning to accomplish the longer-term goals and objectives of their action plan (CSAP 1994; Wittman 1990).

The adage "Actions speak louder than words" is particularly critical for community mobilization. Far too many community-oriented processes become bogged down in task forces and seemingly endless meetings and rarely lead to fully executed plans. Turnover of active members is high, as is communitywide pessimism regarding the usefulness of the effort. A community mobilization effort that is action focused and includes immediate results will likely move ahead more quickly than one that focuses on debate and consensus building. Often, the planning process gets in the way of action. Successful mobilization efforts generally include a balance between longer-term planning and short-term action; as long as goals are clear, short-term projects consistent with the longer-term goals should be encouraged (Kibel and Schneider draft). The "small wins" that are achieved help build community confidence in longer-term strategies (Weick 1984).

Example

The Alliance of American Indians in Santa Clara County, California, was formed with the short-term goal of bringing together a fragmented population who will "know, respect, and be kind to each other, as we work together and educate one another about our diverse, yet common, traditions and histories." A longer-term goal was to build a drug-free cultural center for sharing and learning. To set the tone for the alliance, the initial group of 50 participants challenged themselves to complete at least six projects during their first 3 months of activity. In the months that followed, they successfully launched the *Indian Valley News* (a monthly newsletter), established a forum where sharing of histories could begin, implemented a

Powwow for Healing, organized several fundraising events, established a math/science tutoring program, took over the publication of the *Bay Area Powwow Calendar*, and initiated a speakers series through which successful local businesspersons could relate their experiences. These earlier successes have kept the original members together, drawn others to the alliance, and allowed short-turnaround project development and progress toward the cultural center to continue.

High-Performance Team Functioning: The extent to which community members are oriented toward working collectively and efficiently to reach their goals. High-performance teams are those that make effective use of the individual and collective strengths and talents of their members. Low-performance teams, in contrast, are unable to blend together these strengths and talents. When community mobilization efforts bring together relative strangers or partners who have not previously worked toward the intended goals, leadership and coaching aimed at high-performance functioning is essential. As community members gain experience in teaming together for action and share successes as a team, they gain mutual trust and create common bonds of positive experience that allow them to sustain high performance (CSAP 1994).

Example

The Hispanic Health Council is a community-based research, training, educational, and advocacy institute concerned with improving the health of Puerto Ricans and other medically underserved populations in Hartford, Connecticut. In the early 1980s, the council began what was to become a large-scale initiative to educate and mobilize the Latino community on the issue of AIDS. The council had to overcome several obstacles to perform its work, such as limited resources, a widespread belief that AIDS is not a Latino problem, and negative attitudes about homosexuals and injectable drug users in the Latino community.

The council's AIDS-related activities began in 1983 with disparate efforts of several staff members. Over a 4-year period, however, the AIDS-related efforts became more coordinated and integrated. By the end of the decade, staff at the council functioned as a high-performance team to generate a substantial amount of funding for AIDS-related programming. For instance, in 1987, council staff held a series of meetings to discuss comprehensive AIDS-related prevention programming. The group, which became known as the AIDS Project Development Committee, worked collectively to develop a "package" of preliminary AIDS-related proposals. The package consisted of eight separate but integratable intervention and advocacy projects. Rather than approach funders individually, the council decided to invite representatives from numerous funding sources to a luncheon and provide them with comprehensive presentations about the proposed projects. After the luncheon, council staff members cooperated in 8 months of intense grant writing, securing funding for all but one of their proposed projects. The projects that were funded included research studies on AIDS knowledge and attitudes, as well as community outreach, education, and counseling programs for targeted groups (e.g., injectable drug users, pregnant women, service providers). The ability of council staff to pull together and work toward a

common goal clearly was a factor in their successful endeavor (Singer et al. 1991).

These six indicators of focused action in combination with the five indicators of sense of community and six indicators of mobilization capacity presented in Chapters 1 and 2, respectively, serve as a framework for assessing the relative strengths and shortfalls of community mobilization efforts.

A "scorecard" based on the 17 indicators is included in Chapter 4. Chapter 5 offers four diverse case studies exemplifying community mobilization efforts and an assessment of each using the scorecard.

4. Community Mobilization Scorecard

There is an adage associated with Total Quality Management that states:

Only that which gets measured gets attention.

Only that which gets attention gets fixed. (Peters 1987)

Scorecards provide a means for focusing on areas in need of attention and possible improvement. Scores on individual items help pinpoint specific areas requiring action. The total score provides a summary assessment of the overall effort in comparison with some ideal target.

As Peters (1987) notes:

Visual management is the key. The best strategy for success in a complex, changing world is doing things better and better in the trenches. The best leadership is that which insists on visible measures of what is going on in the trenches and on action there to achieve a high rate of improvement. We seek an information-intense environment, with the information used by those who collect it.

The scorecard format serves three functions. First, it forces qualitative decisions to be made regarding how well a particular criterion is being addressed. Second, the score itself acts as a psychological stimulus. People want to score high and see improvements in their performance over time. Third, the scoring process can be turned into a community-building exercise. Rating and discussing these indicators—one by one—encourages open and critical dialog, stimulates reflection and creative ideas, and catalyzes joint action to improve conditions, relationships, procedures, and activities.

In this chapter, a community mobilization scorecard based on the 17 indicators is offered. The scorecard is intended to assist community groups, program staff, and evaluators in assessing the extent to which the community of interest is mobilized for action. It is the mobilization effort that is scored, not the community as a whole. Thus, when the scorecard refers to "community," it is referring to the active community members (individuals, agencies, and organizations) that are involved in the effort to create change.

The scorecard can be used for several purposes. It might be used proactively in prevention planning processes to identify potential strengths and weaknesses and make appropriate adjustments before an effort is undertaken. The scorecard might also be completed by an evaluation team based on its observations of the community mobilization process, with results then shared and discussed with the active members.

Whether used to plan a future effort or evaluate one that is already under way, the scorecard can be completed by individuals or through an interactive group process. Members of the community may complete the scorecard separately, then meet to discuss similarities and differences in ratings and implications of the ratings for future action. Or, community members may complete the scorecard as a group exercise in which they discuss their effort and assign a score to each item through consensus.

Each of the 17 indicators has been translated into a single item with an accompanying 5-point scale with endpoints at 0 and 4. Descriptors are provided to assist in scoring the indicator. For example, item 3 addresses shared values among the active community members. A score of 0 would be assigned to suggest that individual aspirations, rather than shared values, dominate the group. A score of 2 would be used by raters to indicate the presence of some common aspirations among participating group members. A maximum score of 4 would suggest that common aspirations dominate the workings of the group. Scores of 1 or 3 would indicate ratings midway between the other descriptors provided.

Assigning scores to each indicator involves a subjective assessment of the extent to which the indicator is present in the effort being evaluated. Thus, the scorecard is not a precise measurement technique, but is a useful tool for gauging whether a community is mobilized for action and identifying specific areas in which improvement is needed.

The scorecard yields three sets of scores: (1) 17 for the individual indicators; (2) totals for the three subscales (summing across items 1 through 5 for Sense of Community, 6 through 11 for Mobilization Capacity, and 12 through 17 for Readiness for Focused Action); and (3) a grand total (sum of all items). A perfect total score of 68 (20 for Community Spirit, 24 for Mobilization Capacity, and 24 for Readiness for Focused Action) suggests a community effort that is maximally mobilized for action.

For indicators not scoring the maximum 4 points, those involved in the effort are encouraged to develop some suggested action to increase the score. The specific action to take will be dictated by local factors. Community members engaging in this activity may want to review chapters of this report or the references cited that apply to the criterion of interest. If the initial score is 0 or 1, the suggested action might move the community mobilization effort to a score of 2 or 3. The intention is to keep pushing the scores upward toward the ideal.

A blank box is provided so that raters can suggest a course of action appropriate to the particular community that can help improve the score on each indicator. A line is also provided within the blank box so that the raters can indicate a new score resulting from improvement in the indicator.

Directions for Using the Community Mobilization Scorecard

Following are 17 items corresponding to the 17 indicators of community mobilization. Either individually or as a group, assign a score from 0 to 4 to indicate the extent to which each indicator is present in the effort being planned or evaluated. The ratings are subjective, and differences between raters are expected. As such, the scorecard ratings should be used as a general index of whether a community is mobilized for action and identifying specific areas for improvement. For indicators not scoring the maximum 4 points, use the blank box to suggest a course of action that can help improve the score.

A total score is found by summing across all 17 items and for the three subscales by summing across items 1–5 (Sense of Community), items 6–11 (Mobilization Capacity), and items 12–17 (Readiness for Focused Action).

Community Mobilization Scorecard

-Page One-

1. Active members of the community share a sense of connectedness or belonging.

0 Not at all (Individuals do not identify with the community.)

1

2 Somewhat (Individuals sense some degree of connectedness.)

3

4 To a high degree (Individuals feel fully connected to the community.)

If less than 4, what can be done to increase the score? Suggestion:

New Score: _____

2. Active members acknowledge their mutual importance to, and concern for, each other.

0 Not at all (Members do not recognize their interdependence.)

1

2 To some degree (Members exhibit occasional reliance on one another.)

3

4 To a high degree (Members depend heavily on each other for mutual success.)

If less than 4, what can be done to increase the score? Suggestion:

New Score: _____

3. Active members profess common beliefs, shared values, and shared emotional ties.

0 Not at all (Individual aspirations predominate.)

1

2 To some degree (Members share some common aspirations.)

3

4 To a high degree (Common aspirations dictate the activities of the community.)

If less than 4, what can be done to increase the score? Suggestion:

New Score: _____

Please Continue on Next Page

Community Mobilization Scorecard

-Page Two-

4. Active members come together to bond and network.

- 0 Not at all (Members of the community never congregate.)
1
2 Somewhat (Members of the community occasionally congregate.)
3
4 To a high degree (Members of the community frequently congregate.)

If less than 4, what can be done to increase the score? Suggestion:

<p style="text-align: right;">New Score: _____</p>

5. Active members accept mutual responsibility for sustaining or enhancing the quality of their interrelationships.

- 0 Not at all (The long-term survival of the group effort is not of concern.)
1
2 To some degree (A small subgroup accepts responsibility for long-term survival.)
3
4 To a high degree (All members show continued concern for the success and growth of the group.)

If less than 4, what can be done to increase the score? Suggestion:

<p style="text-align: right;">New Score: _____</p>

6. The mobilization effort is guided by sustained leadership.

- 0 Not at all (Leaders have not emerged to endorse, support, and guide the effort.)
1
2 To some degree (Leaders come in and out of the process.)
3
4 To a high degree (Strong and constant individual/distributive leadership is evident.)

If less than 4, what can be done to increase the score? Suggestion:

<p style="text-align: right;">New Score: _____</p>

Please Continue on Next Page

Community Mobilization Scorecard

-Page Three-

7. The mobilization effort is formalized.

- 0 Not at all (There are no written rules, roles, or procedures to guide the effort.)
 1
 2 To some degree (There are some written rules, roles, and procedures to guide the effort.)
 3
 4 To a high degree (There are many written rules, roles, and procedures to guide the effort.)

If less than 4, what can be done to increase the score? Suggestion:

<div>New Score: _____</div>

8. Community members have incentives to participate in the mobilization effort.

- 0 Not at all (Active members perceive that the costs of participating outweigh the benefits.)
 1
 2 To some degree (Members perceive benefits as somewhat outweighing costs of participating.)
 3
 4 To a high degree (Members perceive benefits as greatly outweighing costs of participating.)

If less than 4, what can be done to increase the score? Suggestion:

<div>New Score: _____</div>

9. Active members communicate with each other and the media to share information.

- 0 Not at all (Active members rarely communicate with each other or with the media.)
 1
 2 To some degree (Members occasionally communicate with each other and the media.)
 3
 4 To a high degree (Members frequently and openly communicate with each other and the media.)

If less than 4, what can be done to increase the score? Suggestion:

<div>New Score: _____</div>

Please Continue on Next Page

Community Mobilization Scorecard

-Page Four-

10. Participants have the organizational know-how to mobilize the community.

- 0 Not at all (None of the participants has any experience pulling together a community.)
 1
 2 To some degree (At least one participant has some experience pulling together a community.)
 3
 4 To a high degree (At least one participant has much experience pulling together a community.)

If less than 4, what can be done to increase the score? Suggestion:

New Score: _____

11. The mobilization effort has behind-the-scenes support.

- 0 Not at all (There are no paid staff or volunteers who provide logistical/technical support.)
 1
 2 To some degree (Paid staff or volunteers provide some logistical/technical support.)
 3
 4 To a high degree (Paid staff or volunteers provide much logistical/technical support.)

If less than 4, what can be done to increase the score? Suggestion:

New Score: _____

12. This community mobilization effort has a specific set of goals and associated timeline.

- 0 Not at all (No goals are articulated.)
 1
 2 To some degree (Some of the goals are clearly articulated and tied to dates.)
 3
 4 To a high degree (All the goals are clearly defined and articulated with associated dates.)

If less than 4, what can be done to increase the score? Suggestion:

New Score: _____

Please Continue on Next Page

Community Mobilization Scorecard

-Page Five-

13. This mobilization effort has a feasible plan of action.

- 0 Not at all (Members are muddling through with no plan of action.)
- 1
- 2 To some degree (Some components of a plan exist, but the plan lacks integrity and completeness.)
- 3
- 4 To a high degree (A strategic plan exists that systematically builds toward goal attainment.)

If less than 4, what can be done to increase the score? Suggestion:

New Score: _____

14. Active members have the capabilities and access to the needed resources to implement the plan.

- 0 Not at all (Members have no access to the necessary skills and resources.)
- 1
- 2 To some degree (Members possess some of the necessary skills and resources.)
- 3
- 4 To a high degree (Members possess all the necessary skills and resources.)

If less than 4, what can be done to increase the score? Suggestion:

New Score: _____

15. There is broad-based citizen participation in the effort, including those most affected by the proposed changes.

- 0 Not at all (Only a few individuals with a specific agenda are involved.)
- 1
- 2 To some degree (Several segments of the population, including those affected, are involved.)
- 3
- 4 To a high degree (There is broad participation from all segments of the population.)

If less than 4, what can be done to increase the score? Suggestion:

New Score: _____

Please Continue on Next Page

Community Mobilization Scorecard

-Page Six-

16. Participants have passion for immediate action.

- 0 Not at all (Participants devote all their energies to developing long-term plans.)
1
2 To some degree (Participants are aiming for some immediate successes.)
3
4 To a high degree (The mobilization strategy focuses on short-term wins.)

If less than 4, what can be done to increase the score? Suggestion:

<div style="text-align: right;">New Score: _____</div>

17. Active members are oriented toward high-performance team functioning.

- 0 Not at all (Members prefer to work alone to get things done.)
1
2 To some degree (Members occasionally pull together when necessary.)
3
4 To a high degree (Members regularly work together to get tasks done.)

If less than 4, what can be done to increase the score? Suggestion:

<div style="text-align: right;">New Score: _____</div>

Compute:

Sense of Community score (Items 1 through 5)	Score: _____
Mobilization Capacity score (Items 6 through 11)	Score: _____
Readiness for Focused Action score (Items 12 through 17)	Score: _____
	Total: _____

5. Community Mobilization at Work (Four Case Studies)

In this chapter, case studies are presented for four current community mobilization efforts. Three of these efforts were spearheaded by SAMHSA/CSAP-funded Community Partnerships; the fourth makes use of an action-planning technology developed with and pioneered by SAMHSA/CSAP-funded Community Partnerships. The case studies were prepared for this chapter by local program staff and evaluators. For each, the case study writers were asked to make their own assessments of the local community mobilization process using the 17 indicators. These assessments were based on formal and informal program reports, discussions with community figures, and input from onsite, independent evaluators. Their ratings were based on the Community Mobilization Scorecard offered in the previous chapter and provide illustrations of how the scorecard might be used by a community to identify areas of strength and weakness.

Pima County Teen Court (Tucson, Arizona)

The Pima Prevention Partnership (PPP) is a SAMHSA/CSAP-funded Community Partnership established to promote healthy communities and reduce substance use and abuse among youth and adults in Tucson and surrounding Pima County, Arizona. In 1993, PPP staff spearheaded the creation of a community coalition to address overrepresentation of minority youth in the juvenile justice system. The coalition structure allowed people with like concerns, yet different viewpoints, to begin problem-solving dialogs and generate innovative programs. The coalition includes: Pima County Juvenile Court, Pima County Attorney's Office, Office of the Mayor, Pima County Justice Court, Pima County Bar Association, The Volunteer Center, the Metropolitan Education Commission, the Crime Prevention League, and members of several adult and youth grassroots coalitions.

The coalition launched five demonstration projects, the most successful of which has been the Pima County Teen Court. This ground-breaking initiative served to open channels of communication and created trusting relationships among the coalition partners. The project partners have made a wide range of contributions, including total financial support, to the project. Bolstered by the success of the Teen Court, coalition members have since been working more closely with one another to create other significant shifts in the juvenile justice system.

Juvenile crime has been increasing all over the country, and Pima County is no exception. Since 1989, referrals to the Pima County Juvenile Court had increased 53 percent, from 9,656 to 14,716 in 1993. In 1992 alone, the rate of juvenile homicide increased 340 percent; other violent offenses were up 149 percent, and juvenile sex offenses increased 141 percent. The Pima County Teen Court was created as an alternative to prosecution for first offenders charged with (1) disorderly conduct/fighting, (2) graffiti/malicious destruction of property, (3) MIP (minor in possession of alcohol), and (4) shoplifting.

Teen Court is a sentencing proceeding and, as such, does not determine guilt or innocence. Eligible minors must agree to admit their guilt in open court and to complete the requirements of a sentence handed down by a jury of their peers. Teen Court minors receive a "constructive sentence" that includes a mandatory Teen Court Basic Training workshop; jury duty; letter of apology; and a range of prevention education workshops on lifeskills, communication, decision-making, anger management, and taking responsibility. Local social service agencies developed these sentencing options in collaboration with the Teen Court, Juvenile Court Probation Department, and the PPP.

The Pima County Teen Court is based on the premises that (1) young people will be less likely to become reinvolved in illegal activity after participating in a judicial process in which their peers determine the sentence, and (2) promoting constructive attitudes toward authority and the responsibilities of citizenship can interrupt the development of criminal and self-destructive behavior. The court exposes juvenile offenders to the judicial process and the consequences of substance abuse and illegal behavior, but offers them an alternative to having a juvenile court record.

Pima County Teen Court has five primary goals:

1. Reduce the teen recidivism rate by redirecting the behavior of program participants through exposure/participation in the court program.
2. Reduce the number of victims of juvenile crime and the related devastation and hardship for Pima County families.
3. Expose young people to the judicial process to promote constructive attitudes toward the rights and responsibilities of citizenship and to interrupt the development of criminal and self-destructive behavior.
4. Reduce the overrepresentation of minority youth in the juvenile justice system.
5. Reduce the case workload of juvenile court probation officers.

The Teen Court has stimulated a passion for action in the Tucson community that far exceeded the PPP's expectations, and satisfied a community need for direct participation in affecting the lives of young people. For example, over 80 percent of the judges in Pima County have volunteered to preside over Teen Court on Saturday mornings throughout the year. To date, 45 members of the Pima County Bar have participated as coaches, trainers, and mentors to teen attorneys. Many of the professional attorney volunteers have committed all of their required 50 hours per year of pro bono service to the Teen Court.

The focus in Teen Court is not solely on youth who have been involved in criminal activity and the victims of such crime. Teen Court also focuses on the whole community of youth by supporting and encouraging active involvement of youth in civic affairs. The response on the part of community youth has been overwhelming. Over 40 youth are now trained to act as attorneys in the Teen Court. Ninety-five percent of those youth who have committed to act as attorneys participate on a regular basis in weekly 2-hour preparation

workshops and 5-hour Teen Court sessions. And at least three lay adult volunteers participate on each Saturday at the Teen Court providing logistical and resource support for the parents of defendants and followup services to the family.

The project, which initially was to involve a diverse population of 600 youth in Teen Court training, trials, operations, and community service over its first year, has involved that many in its first 2 months of operation. Initial first-year expectations of 10,000 hours of community service—6,500 from defendants, 2,500 from teen volunteers, and 1,000 from adult volunteers—will be far exceeded.

The Teen Court also provides a law-related educational framework whereby young people (defendants and community volunteers) learn how the legal system works, develop analytical and communication skills, enhance personal growth, and learn the thinking and decision-making skills needed for responsible citizenship. Teenagers are involved at every stage and every level of the planning, implementation, and evaluation process. Four student interns hired by the PPP worked over the summer of 1994 to conduct extensive research on other teen courts around the United States and compile a *Pima County Teen Court Procedures Manual* and a *Teen Court Training Curriculum*.

The current Community Mobilization Scorecard for the Pima County Teen Court would look as follows:

Indicator	Rating	Justification for Rating
Sense of membership	HIGH score=4	There are high levels of connectedness and commitment from all those engaged in making the Teen Court an ongoing reality.
Mutual importance	HIGH score=4	Teen attorneys, adult judges, community volunteers, educators, service providers, and elected officials are all working together and are all needed to shift the view of youth as offenders and passive recipients of services to youth as resources and problem-solvers.
Shared worldviews	HIGH score=4	There is shared understanding among those engaged (both youth and adults) of the importance of the Teen Court process for education and as a means for reducing crime and ameliorating the over-representation of minority youth in the juvenile justice system.
Bonding/Networking	MEDIUM score=2	Participation of both youth and adults in the workings of the Teen Court has exceeded expectations. However, the Teen Court is still unfolding as a local institution, and relationship building has not extended to events beyond Teen Court functions.
Mutual responsibility	HIGH score=4	The Teen Court workgroup includes representatives of the systems key to successful implementation of the Teen Court. Project partners have taken fiscal and management responsibility for the day-to-day operations, as well as addressing the long-term sustainability of the project.

Indicator	Rating	Justification for Rating
Sustained leadership	HIGH score=4	The effort was launched with the unanimous support of the City Council and buy-in from 25 key agency heads. A Community Partnership staff person has subsequently guided the process with backing and support from the formal community leaders as needed.
Formalization	HIGH score=4	The effort has had to be highly formalized because it is an integral part of the judicial system. Formal role definitions and protocols have been established for the youth lawyers, juries, and other participants. Extensive training is involved. The procedures for assigning youth offenders to the Teen Court are strict and well defined, as are the conditions for using this alternative sentencing mechanism and sentencing options.
Rewards and incentives	HIGH score=4	Youth participants are benefiting psychologically and emotionally. They feel pride in being responsible for an important civic activity and take these responsibilities seriously. There are more requests to participate as lawyers and jurists than there are places available.
Internal and external communication	HIGH score=4	Telephone trees are used to spread information to the hundreds of persons involved in the effort. Local media coverage has been extensive and extremely positive.
Community organizational know-how	HIGH score=4	The formal leadership of the city called on the Community Partnership to take the lead in implementing the effort because of its track record for success in community-based projects and its ability to devote staff time to it.
Behind-the-scenes support	HIGH score=4	Partnership staff and volunteers work behind the scenes to ensure that all aspects of this complex project are running smoothly, that youth are trained, and that the process is evaluated.
Clarity of goals	MEDIUM score=2	The Teen Court is an evolving community institution that has yet to reveal the dimensions of its potential. The initial goals of Teen Court are modest and clear. In the process of implementing the project, many more possibilities have emerged which suggest deeper and broader impact on social institutions in the community.
Feasibility of plan	HIGH score=4	The plan initially formulated by the workgroup grossly underestimated community responses and the need for this alternative approach to juvenile crime. Support has been overwhelming, however, and despite the inadequacy of the initial plan the process of establishing and maintaining the Teen Court has moved forward efficiently.

Indicator	Rating	Justification for Rating
Capabilities and resources	MEDIUM score=3	The initial resource development efforts have yielded enough support to float this small demonstration project at its current scale for 2 years. The community's ability to generate broad-based support for Teen Court is promising.
Citizen participation and control	HIGH score=4	This project has uniquely engaged community youth along with key adult leadership and parents in cooperative action on a large scale.
Passion for immediate action	HIGH score=4	This project is proceeding at a pace that has exceeded expectations. Lots of small wins have been realized.
High-performance team functioning	HIGH score=4	There has been an extraordinary level of commitment and collaboration on the part of the legal profession, the juvenile justice system, and community youth and their families.
Sense of Community Score = 18 of 20 Mobilization Capacity Score = 24 of 24 Readiness for Focused Action Score = 21 of 24 Total Community Mobilization Score = 63 of 68		

Gulfton Community Coalition (Houston, Texas)

The Gulfton community is located in the southwest section of Houston. Gulfton is 59 percent Latin American, 18 percent African American, 16 percent European American, and 7 percent Asian American and other. The majority of the Latin American residents emigrated from Central America and Mexico to the Houston area because of armed conflict and political repression in their native countries. At least 100 immigrants are estimated to arrive in Houston daily, with most settling in the Gulfton area. Over time, the Central Americans have become a community within a community, and the population profile of the neighborhood has rapidly changed from middle-class White to an immigrant, primarily Hispanic, population.

A disturbing increase in crime in the area caused a loose amalgam of apartment owners, residents, civic club leaders, and police officers to form. The impetus for the initial meetings was a perceived need to halt a precipitous decline in property values linked to crime; over time, however, some members of the group came to see the problems of the community as broader—a general lack of services, little involvement of residents in community organizations (particularly among the apartment dwellers), and almost total neglect of the area by local officials.

One of the first successful activities of the original group was to pressure the City of Houston to establish a neighborhood storefront police unit. This success continues to be a source of community pride and support. Each year the Gulfton community holds a festival to raise the \$5,000 required to pay for the utilities of this office, and thousands of people attend the festival.

The chair of the group, a White, self-employed businessperson, originally became involved in the organization because of several burglaries in his businesses. Through his

involvement in the group and in other civic activities, he developed an awareness of the lack of public health care facilities in the area. As he met more immigrants and talked to them about their problems, he recognized there was a complementary strategy to increasing police activities—provide needed social services and substance abuse prevention programs in the area. He thus became involved in a countywide group that was developing a SAMHSA/CSAP Community Partnership grant application, which was subsequently funded. Gulfton is one of eight communities that compose the Houston-Harris County Community Partnership. The partnership is a network of individuals, agencies, and communities working to prevent substance abuse and related problems through collaboration.

Funding of the partnership permitted the employment of a well-known, highly respected, bilingual Salvadoran-American Gulfton resident as a community resource specialist. He had helped develop a nonprofit organization designed to provide legal representation for political asylum applicants from Central America. Also he was an active volunteer in local, State, and national efforts to assist Hispanics in achieving social justice. Together, the chair of the original coalition and the resource specialist have played key leadership and catalytic roles in the Gulfton community.

The resource specialist noted:

The civic association and HPD (Houston Police Department) were considered the key people, but things weren't complete. We decided to involve other people who had different views—people from the community, the neighborhood, the apartment complexes. We talked with them and decided together to form the Gulfton Area Neighborhood Organization (GANO). GANO is a different organization; it is not just Latinos. You have Anglos and African Americans and Asians. In our meetings we have started seeing the whole picture.

A key element in the organization of the community has been the inclusion of apartment residents who constitute the majority of the community population (and who are largely Central American immigrants). To encourage their participation, GANO initiated *Vecino a Vecino* (Neighbor to Neighbor), a program that creates residents' councils in apartment complexes. These residents' councils serve as communication links between service providers and newly arrived Latino immigrants. The apartment residents are now told about services in the area, their legal rights, and their rights as tenants. They are also invited to citizenship classes. Additionally, they receive newsletters that help them become informed about the Gulfton community. Thus far, 10 apartment complexes have established councils, and others are being planned.

An initial focus for GANO was the lack of primary health care in the area. Key leaders and organizations of the Gulfton area began meeting in May 1993 with Harris County Commissioners Court and Harris County Hospital District officers to discuss the establishment of a primary health care clinic for Gulfton. With much planning, discussion, disappointment, and hard work, the Harris County Hospital District Clinic—appropriately known as the "People's Clinic"—opened in March 1995. This clinic is expected to provide primary health and dental services for approximately 30,000 people each year and is accessible to all residents of the Gulfton community. Additionally, there will be an eligibility center near the clinic building that will allow people to apply for the clinic's "Gold Card."

One of the more visible examples of community change in Gulfton has been the creation of a Day Labor Site. Early every morning, hundreds of men once congregated on a

street corner in the heart of the Gulfton community to flag down potential employers in need of manual labor. Some men were picked up by contractors and received meager wages for a day's hard labor, while others were left behind on the street corner. Some of those left behind would engage in destructive activities, ranging from littering and loitering to selling drugs, drinking, and soliciting prostitutes. Members of the community felt unsafe, and police were constantly in the area responding to calls regarding assaults, intoxication, drug use and sales, prostitution, and gunfire. Naturally, many parents worried about their children being influenced by this negative environment.

In response to these problems, community residents approached their city councilor to request that a labor hall be built so that men not chosen to work could participate in positive learning activities for the day and their activities could be more closely monitored. Although initially told that there was no money for this project in the city's budget, the community was not deterred. Community members continued to pressure their public officials for financial support. Promoted for nearly a year through political pressure, media coverage, and advocacy, the Day Labor Site Program opened in September of 1994.

Day laborers now congregate at a fenced-in, city-owned property with security and a portable building. Contractors drive through the facility and obtain day labor based on a lottery registration system. Fifty to seventy jobs a day go to the approximately 150 who come to the site. The problems with drug use, drug sales, prostitution, and loitering have markedly decreased, according to local police officers. The city recently approved additional funding for project staff, as well as a modest increase in the site's budget. Community members and city officials acknowledge that without prior community mobilization, and growing awareness among politicians that a cohesive constituency exists in the Gulfton area, the Day Labor Site Program would never have been created.

The clinic and the Day Labor Site are not the only visible achievements of the Gulfton community organization and empowerment initiative. To avoid gaps in service, as well as duplication of efforts, a service provider luncheon is hosted by the community every month. The luncheon serves as a forum through which providers can share information and build formal and informal networks. More than 115 service providers are invited to the luncheon each month, and roughly half attend. And as a result of the community's newfound commitment to recreational opportunities, a \$300,000 all-purpose sports pavilion was funded by the Harris County Commissioners Court and will house programs supported by Houston City Council funds—an example of cooperation between these two political entities. Organized youth living in the area spearheaded this effort. Today there is a strong youth soccer program with approximately 600 youth on 36 teams that play year-round. An adult soccer league also exists with more than 600 members, and a youth basketball league with 16 teams is operating in the new pavilion.

Another significant impact of GANO and the Community Partnership on the community has been the creation of many diverse youth- and school-based programs. For instance, 23 schools in the southwest area of Houston, including Gulfton, have formed a coalition to provide comprehensive child and youth development programs in the schools, including counseling, after-school activities, and substance abuse prevention programs. Achievements include the following:

- ◆ Schools have begun to honor Hispanic leaders and Hispanic heritage with special festivities.

- ◆ The Cultural Arts Council awarded a grant to the Lawndale Arts Center to enable youth to design and paint a "Salvadorian Legacy Mural." Professional artists will work with youth to help them create the mural and hone their artistic skills.
- ◆ Students have formed a Latin American club with 100 members. Some are former gang members, and all volunteer in the community. This club publishes a newsletter with articles about issues that affect teenagers in general, as well as topics more specific to Latin American teens.
- ◆ There has been a large increase in the number of Latino parents who attend Parent Teacher Organization (PTO) meetings at all area schools.
- ◆ Camp Twist and Shout was implemented in March 1995 and offers after-school activities year-round through funding by the Texas Commission on Alcohol and Drug Abuse, United Way, and the Houston Council on Alcoholism and Drug Abuse. Elementary-age school children and their families in two area schools learn about the effects of alcohol, tobacco, and illicit drugs; learn to resist first-time use of substances; and participate in creative activities that stimulate communication and make learning fun.

In addition to the program and service benefits of the mobilization effort, the initiative has helped enhance communication throughout the community. The Hispanic media, in particular, began focusing attention on the community and now provide more positive recognition in the newspaper and on television. Additionally, GANO has created a citywide mailing list that informs individuals and organizations, in Spanish and English, of the events, successes, and problems faced by the organization and community. At least once a month, GANO distributes information to alert its constituents about new issues and to ask them to call city and county officials to voice their opinion about matters that affect the Gulfton community.

There is general consensus that mobilizing the Gulfton community has had many positive benefits. According to the police who patrol this area, crime in all major categories has substantially decreased. Police officers believe that the Day Labor Site program has helped curb crime in the area and that the police storefront, with continuing financial support from that community, allows the officers to respond more efficiently to calls from community members. The Central Americans in Gulfton have made a transition from searching for answers to problems in their native countries to becoming more interested and significantly more empowered in finding answers to problems in their new community of Gulfton.

The Community Mobilization Scorecard filled out for the Gulfton Community Partnership follows:

Indicator	Rating	Justification for Rating
Sense of membership	HIGH score=4	Residents feel they are part of the community and the coalition. They identify themselves as members and take pride in that membership.
Mutual importance	HIGH score=4	Members of the many organizations that compose the coalition view the efforts of their partners as important contributions to the overall functioning of the coalition.
Shared worldviews	HIGH score=4	Community members share goals and objectives for the community as a whole.
Bonding/Networking	HIGH score=4	Attendance and sharing at coalition meetings is very high. Community members feel free to voice their points of view and sense that they are being heard. These sessions deal with business but also provide forums for socializing and community building.
Mutual responsibility	HIGH score=4	Coalition members encourage and support the goals, objectives, and activities of their coalition partners.
Sustained leadership	HIGH score=4	The businessperson and the resource specialist worked effectively to guide the activities of the effort and to forge ties with community members.
Formalization	MEDIUM score=3	GANO began as an informal organization with few written guidelines for its operation. It evolved into a more formalized organization, with written and detailed guidelines regarding its role in the community.
Rewards and incentives	HIGH score=4	The rewards and incentives for participating in the effort were clear, including enhanced health services, reduced crime around the Day Labor Site, enhanced economic opportunities, and increased educational attainment.
Internal and external communication	HIGH score=4	GANO created an environment that fostered communication among community members, including the creation of the service providers' luncheon and the Vecino a Vecino program. GANO ensured that the immigrant community—a community with limited ability to speak English—had the opportunity to communicate with each other and with key community leaders.
Community organizational know-how	HIGH score=4	The resource specialist had a great deal of experience working with Central American émigrés, providing them with access to resources to foster their self-sufficiency.
Behind-the-scenes support	HIGH score=4	GANO garnered behind-the-scenes support from multiple sources in the community. From businesses to schools to health providers, the community pulled together to ensure that its efforts were carried out.

Indicator	Rating	Justification for Rating
Clarity of goals	MEDIUM score=2	At times, members of the coalition do not make their goals clear, making it difficult for the coalition to act on them successfully.
Feasibility of plan	HIGH score=4	The coalition has developed a flexible plan that it is implementing successfully.
Capabilities and resources	MEDIUM score=3	The coalition has been able to achieve a great deal through tapping county and city resources. Mobilizing local talents and resources remains a challenge.
Citizen participation and control	HIGH score=4	Members of the community have played a major role in creating positive change in Gulfton, particularly with regard to the police storefront unit, the People's Clinic, and the recreation center.
Passion for immediate action	HIGH score=4	The community has demonstrated a passion for action that is helping to transform Gulfton into a model community.
High-performance team functioning	MEDIUM score=3	Although most segments of the community have demonstrated the ability to engage in joint action, there are some segments of the community that resist taking part in coalition activities.
Sense of Community Score = 20 of 20 Mobilization Capacity Score = 23 of 24 Readiness for Focused Action Score = 20 of 24 Total Community Mobilization Score = 63 of 68		

Talbot County (Maryland)

Indoor Air Referendum Campaign

Talbot County sits on Maryland's Eastern Shore with the Chesapeake Bay as its western boundary. With a population of 32,000, Talbot County is a land of contrasts. While several affluent families live in the county, there are many pockets of rural poverty. Agriculture is the largest commercial industry, yet the county enjoys a booming tourist trade. Like many small, close-knit communities, people in Talbot County know each other and forge personal relationships with their neighbors.

SAMHSA/CSAP funded the Talbot County Community Partnership for Alcohol and Other Drug Abuse Prevention in 1991. During the past 5 years, the partnership has grown into a well-known and respected community coalition. With about 100 member organizations and more than 200 volunteers involved in committees and action teams, the partnership is the hub of substance abuse prevention activities in the county.

In early 1992, the Talbot County Partnership conducted a household survey that included questions on smoking restrictions in public places. The survey indicated that nearly 88 percent of adults were in favor of restricting or banning smoking in public places. With public opinion in hand, as well as scientific evidence of the harmful effects of

secondhand smoke, the county council introduced a bill banning smoking in most public places, including restaurants. With little opposition expressed at a public hearing in 1993, and with an endorsement by the local newspaper, the council passed an ordinance banning smoking in most public places. The ordinance excluded bars, private residences, hotel rooms, billiard rooms, rooms rented for private functions, bowling centers, and tobacco stores.

In an unexpected turn of events, the Tobacco Institute's Maryland lobbyist met with business owners and encouraged them to fight against unnecessary government intrusion. With the ordinance about to go into effect in August 1993, some restaurant owners, together with the tobacco industry, quickly sponsored a petition drive to place the ordinance on the 1994 election ballot. What seemed like a well-supported law was turning into an issue that would divide the county.

The Smoking Prevention Action Team (SPAT) of the partnership took the lead in organizing a campaign in support of the smoking ban. SPAT's membership included traditional players such as representatives from the American Cancer, Heart, and Lung Associations, health departments, and hospitals. It also included some nontraditional members and concerned citizens like the YMCA executive director, the county's sheriff, and a former health officer. In early 1994, a representative of the State's American Lung Association who was familiar with political campaigns began meeting with SPAT members. He encouraged them to plan carefully for the eventual campaign because the tobacco industry had much experience in opposing clean indoor air referenda. The State's American Lung Association representative suggested that tobacco interests could easily outspend opponents and confuse would-be supporters of the ordinance.

At the first planning meeting in early September, five representatives from State-level organizations arrived in Talbot to help organize the campaign. From the local perspective, the State-level representatives (a.k.a. "outsiders") knew the topic area very well but did not know the people in the county. From the State perspective, SPAT members had good intentions, but could not pull off a victory by themselves. Despite their differences, SPAT met with State-level representatives weekly until the election.

Because Talbot County is a small, close-knit community, many individuals were initially uncomfortable with actively supporting the referendum, given opposition from the Chamber of Commerce and the restaurant owners. Because many of the opponents of the referendum were well-known and respected community members, SPAT realized that it had to run a positive campaign and could not make community members look bad.

The SPAT campaign operated on several fronts. First, it worked to educate the public on the dangers of secondhand smoke. Although most residents favored some restrictions on smoking in public places, less than 50 percent favored an outright ban on smoking in public places. Therefore, SPAT worked to convince a significant number of voters that eliminating secondhand smoke from public places was the only way to protect the right of people to breathe clean air. Second, SPAT solicited the help of their members to publicize their support for the referendum. SPAT urged individual members to advocate for the referendum among their personal networks and urged organizational members to provide in-kind or other services (e.g., newspaper and radio ads, letter-writing campaigns, etc.). Third, SPAT solicited support from organizations and individuals who were not SPAT members (e.g., asking smoke-free restaurant owners to publicly support the referendum).

In response to SPAT's request, many organizations actively supported the referendum. Organizational support included the following:

- ◆ Newspaper and radio advertisements in support of the referendum were independently purchased by diverse organizations such as the health department, the local hospital, grassroots organizations, the State's medical society, and the local taxpayers' association (one of the most powerful organizations in the county).
- ◆ Mass mailings were sponsored by several organizations including the health department (which focused on the effects of secondhand smoke on children), grassroots organizations, the American Cancer Society, the American Lung Association, and the local medical society, which represented more than 100 local physicians.
- ◆ A Girl Scout troop and students from area schools worked with SPAT to educate residents about the referendum and the dangers of secondhand smoke.
- ◆ Last-minute advocacy at the polls was provided by numerous groups, including physicians, SPAT members, and other concerned residents.

The organizational support for the referendum was generated with the help of several key community leaders. Among those key leaders were the county health officer and his staff. They had originally approached the county council about introducing a clean air ordinance in 1993, and they continued their support during the referendum campaign. Through their efforts, the health department obtained the necessary resources to conduct an educational campaign. Another key supporter of SPAT was the county's retired health officer. A longtime advocate of social and health issues, he convinced the local hospital and the medical society to provide resources for the referendum campaign. Additionally, he and another key leader persuaded the taxpayers' association to support the campaign. Although the taxpayers' association had intended to remain neutral, the retired health officer and his colleague provided them with information on the lower health costs that are associated with clean indoor air policies and decreased smoking prevalence.

The acting sheriff (a former county councilor) regularly spoke up in support of the referendum during his political campaign for sheriff's office. Whenever he spoke on public safety issues, he would ask citizens to pass the smoke-free referendum as a matter of public safety from secondhand smoke. Thus, with the help of key community leaders, SPAT members worked on the campaign almost daily during the intense 2 months prior to election day. Individual citizens also demonstrated their support for the referendum. For instance, a restaurant owner publicly discussed his decision to become a smoke-free establishment, emphasizing that there was no detrimental consequence to the viability of his business. Many individuals also responded with letters to their local newspapers.

Support for the referendum was countered by the tobacco industry and many local businesses. Newspapers and radio ads opposing the referendum were ever present in the month leading to election day. These ads featured local businesspersons complaining about "government going overboard." The opposition also conducted mass mailing campaigns, and they received a substantial amount of media coverage highlighting their views.

Nevertheless, with the help of many organizations, key leaders, and concerned citizens, the referendum passed by a slim margin (52 percent in favor). This was a great victory, not only for Talbot County antismoking groups, but also for groups advocating clean indoor air legislation and worker protection across the State.

The Community Mobilization Scorecard for the Talbot County Indoor Air Referendum Campaign would look as follows:

Indicator	Rating	Justification for Rating
Sense of membership	HIGH score=4	Significant segments of the county came together around the issue and identified themselves with SPAT. As part of its strategy, SPAT portrayed the tobacco industry as "outsiders" attempting to unduly influence the community.
Mutual importance	HIGH score=4	Success of the effort depended on the support and involvement of different segments of the community. This was recognized from the outset.
Shared worldviews	HIGH score=4	Although residents share many of the same worldviews, they had differing opinions about the issue of smoking in public places. SPAT pulled together those sharing a common view about indoor smoking in public places.
Bonding/Networking	HIGH score=4	The effort involved meetings and other small and large gatherings to pull and keep together the proreferendum forces.
Mutual responsibility	MEDIUM score=2	A medium-size group took responsibility for educating the public about secondhand smoke. They had to convince many citizens.
Sustained leadership	HIGH score=4	Strong and sustained leadership existed throughout the campaign, particularly in the person of the health officer. He and his staff initially approached the County Council about introducing antismoking legislation and he continued to provide leadership and resources throughout the referendum campaign.
Formalization	MEDIUM score=2	SPAT was a rather informal group, with few written rules, roles, and procedures. However, a formalized entity was created that could lobby for funding in support of the referendum (a function that SPAT could not legally perform). Thus, some formalization did exist.
Rewards and incentives	HIGH score=4	Rewards and incentives for participating were clear and well defined. SPAT took great care to inform community members that a victory would mean a healthier and cleaner environment for residents of Talbot County.
Internal and external communication	HIGH score=4	The smoking referendum generated unprecedented communication among supporters and opponents alike. This was a hotly debated issue across the county. Information and opinions were continually communicated via mass mailings, radio and newspaper ads, letters to the editor, editorials, and personal interactions.

Indicator	Rating	Justification for Rating
Community organizational know-how	HIGH score=4	The initiative included several key individuals with experience in mobilizing communities, particularly the State-level consultants who knew the issues well and had worked to create smoke-free environments elsewhere in Maryland.
Behind-the-scenes support	MEDIUM score=2	Several individuals provided critical vocal, technical assistance, and logistical support for the effort. The effort could have benefited, however, from more assistance on the part of the community.
Clarity of goals	HIGH score=4	The campaign had a specific timeline and well-defined goals.
Feasibility of plan	HIGH score=4	SPAT chose a practical and flexible media and public education campaign to inform its citizens of the dangers of secondhand smoke.
Capabilities and resources	HIGH score=4	SPAT relied on the talents, skills, and resources of local residents and also acquired technical assistance and monetary resources from State-level consultants.
Citizen participation and control	MEDIUM score=3	Although SPAT members had full control over the campaign, they encouraged citizens who had not previously been involved in SPAT to become active in the campaign.
Passion for immediate action	MEDIUM score=3	Some members of the community in general, and SPAT in particular, demonstrated passion for action and were truly committed to passing the referendum.
High-performance team functioning	MEDIUM score=3	On the whole, members of SPAT functioned well as a team in this effort. Some groups and individuals, however, were more reluctant to collaborate.
Sense of Community Score = 18 of 20 Mobilization Capacity Score = 20 of 24 Readiness for Focused Action Score = 21 of 24 Total Community Mobilization Score = 59 of 68		

As can be seen from the scorecard, the Talbot group supporting the referendum maintained a relatively strong sense of community, even though the issue of public smoking was one that divided the overall population. SPAT had clear goals, a feasible plan, and the capability and resources to achieve its goals; its mobilization effort, however, was characterized by partial support and action by community members. This is not surprising, given the controversial nature of the issue and the mixed messages to which the population was exposed.

Baltimore Alliance for Safe Neighborhoods

The residents of Baltimore, in close collaboration with the Baltimore City Police, are engaged in a bold experiment. The Baltimore Alliance for Safe Neighborhoods has as its mission:

Each and every neighborhood will be working creatively, skillfully, and openly through its diverse residents and cultures—in partnership with other neighborhoods, law enforcement, and other public and private community resources—to dramatically reduce violence, drug-related problems, and fear while improving quality of life (e.g., recreation, education, and employment opportunities).

The alliance was initiated in September 1994 by Police Commissioner Thomas Frazier. It is action oriented. During its first 5 months, 15 projects were launched and successfully completed. These included, as examples, a citywide positive image campaign ("Make a Kind Word Part of Your Day"); a clothing bank for individuals needing to make the right first impression when applying for work; neighborhood and park cleanups; a career development fair; a citywide block captain training program; a block party resource wagon; a 24-hour child care cooperative; and a Baltimore Police Youth Choir.

What makes this effort unique and promising are its guiding principles:

- ◆ Do many "small-win projects," and do them well. Use these projects as concrete models of what the community *ought to be like*.
- ◆ Involve segments of the community that typically don't work together to design and implement these projects as partners.
- ◆ Make maximum use of local talents and untapped or underused resources.
- ◆ Encourage diverse approaches recognizing there are no single "right answers."

In the words of Baltimore's mayor, Kurt Schmoke, this city would become "a model for other American cities; a model of rationality, humanity, and success" in dealing with crime, violence, and other social issues.

The city has a very high murder rate, and the police department must invest enormous amounts of resources trying to keep drug traffickers off the streets; some neighborhoods are held hostage by crime and fear of crime. There are nearly 50,000 cocaine and heroin addicts in the city, and AIDS is now the number one killer of young adults between the ages of 25 and 44. Sixty percent of new AIDS cases in Baltimore are injectable drug users; another 10 percent are their sexual partners and babies.

In Baltimore, the partnership of police and neighborhoods is viewed as critical to the future of the city and a fulfillment of Mayor Schmoke's vision of community-oriented government. It is the police department's job to take on the toughest opponent first: crime on the streets. Then, all agencies, organizations, and citizens are encouraged to play their respective parts in expanding positive opportunities and enhancing quality of life: neighborhood by neighborhood, block by block, and building by building if necessary.

The strategy of "small-win projects" is central to the Baltimore strategy. In the words of Police Commissioner Frazier:

There is no magic solution to crime in our city. It takes continuous action on many fronts. We need to make a lot of little changes, and

celebrate each small victory. Celebrate the fact that there's no debris in the gutter. Celebrate a new community playground that replaces an empty lot. Celebrate the fact that you successfully encouraged one more family on your block to join the cause. If that family gets one more family involved, the effect is multiplied.

The Baltimore Alliance for Safe Neighborhoods aims to awaken and enrich community spirit and energy and direct these to neighborhood improvement activities. Through the alliance, community members—in increasing numbers—are being challenged to join together to transform their physical and social environments in desired directions. This is being accomplished through many quick-turnaround projects that, together with supporting policy, infrastructural changes, and police and other city initiatives, contribute to these transformations.

To illustrate, the Baltimore Police Youth Choir was an early project of the alliance. Youth, ages 12 through 18, were recruited through music teachers at the city's schools and public service announcements. Within a few months of its inception, the choir numbered 54 members and had its first public performance. Practice sessions are held each Saturday from 10 A.M. to 2 P.M., followed by 2 hours of tutoring provided by community volunteers. Satisfactory academic achievement is a requirement for performing at public events. Two police officers volunteered to train and lead the choir. The officers both were active in the music field, had heard of each other, and had been meaning to meet. The choir project drew them together. They compose original music for the choir, celebrating the human spirit. The goal is to expand the choir to over 100 members and feature it at major city events.

The Baltimore Police Department is playing two critical roles in this effort. First, in its law enforcement role, the police are handling the "danger part" of the transformation: to get guns off the streets, to clean up drug-infested neighborhoods, to close down open-air drug markets. Second, in its quality-of-life role, the police are an active and visible partner with law-abiding citizens in neighborhood rebuilding and crime prevention.

To succeed, the strategy must be realistic, practical, and productive. Experiences in Baltimore and elsewhere indicate that while actions speak louder than words, words come easier than actions. That is, it is relatively easier to bring people to the table to discuss and debate issues and even to plan projects than to get them to stay the course and actually implement these projects. Apathy, inertia, skepticism, and fear need to be overcome. Community volunteers currently will become engaged and stay active in large numbers only if things keep moving, results are achieved, and spirit remains high. Some few look forward to challenges and hard work; most need to contribute what comes easily and naturally and involves best use of their limited time.

Until some critical threshold is reached where community participation and engagement are the norms, artificial supports must be used to keep momentum going and "small wins" occurring. In the startup stages of the Baltimore Alliance for Safe Neighborhoods, members of the police force have been assigned to (1) help meet project implementation challenges that require experienced managers and motivators with strong "people skills" and (2) perform behind-the-scenes logistical tasks and chores that are critical to success but produce little glory. As a result, projects get done, but community inertia has still to be overcome. Having a strong partner in the Baltimore Police Department and an ideal local champion in Commissioner Frazier suggests that high goals can be set and that success will occur.

The Community Mobilization Scorecard for the Baltimore Alliance for Safe Neighborhoods would look as follows:

Indicator	Rating	Justification for Rating
Sense of membership	LOW score=1	The alliance is still in its formative stages. Participants do not yet identify themselves as alliance members.
Mutual importance	MEDIUM score=2	The charisma and authority of the police commissioner is dictating the level and range of participation. However, police officers and neighborhood residents are beginning to realize the advantages of working together toward common goals.
Shared worldviews	HIGH score=4	Police and residents alike recognize the need to reduce crime and fear and increase quality of life in the neighborhoods of the city.
Bonding/Networking	LOW score=1	The planning process brings people together; otherwise, they would not likely be interacting.
Mutual responsibility	LOW score=1	Without the support of the police commissioner, the process would not be happening and will not likely continue in its current form.
Sustained leadership	HIGH score=4	The police commissioner has been a visible and strong supporter at all major meetings. Police majors and lieutenant-candidates have assumed leadership responsibilities for individual projects.
Formalization	LOW score=1	The planning process is guided by a clear methodology and scripts. However, rules and procedures for participating in the alliance have not been set.
Rewards and incentives	MEDIUM score=3	The police commissioner and some officers recognize the short-term and longer-term benefits being derived by working hand in hand with neighborhood leaders. Participants from the neighborhoods are beginning to recognize the value of the process as projects are completed with relatively little meeting time.
Internal and external communication	MEDIUM score=2	The police department produces a monthly newsletter that reports on progress of alliance projects. Local media have covered celebrations and featured some of the projects.
Community organizational know-how	HIGH score=4	Neighborhood service officers have been assigned to work on each project. They are familiar with the neighborhoods and have experience working with local leaders from tenant and neighborhood associations. Citywide projects have been spearheaded by individuals with strong organizational capabilities.

Indicator	Rating	Justification for Rating
Behind-the-scenes support	HIGH score=4	The police department has provided the human and other resources needed to ensure project success. Trained facilitators have volunteered their time to make certain that the planning and design stages run smoothly and get to targeted results.
Clarity of goals	HIGH score=4	The mission statement for the alliance clearly sets forth its goals.
Feasibility of plan	HIGH score=4	The combination of big-win initiatives (i.e., police actions) with small-win projects provides a sound basis for strategic and tactical action.
Capabilities and resources	MEDIUM score=3	The resources of the police department and outside consultants have supported this low-resource initiative thus far. As the level of activity intensifies, a permanent source of funding for support staff will be needed.
Citizen participation and control	MEDIUM score=2	The framework encourages citizen participation. However, in the startup phases, police staff have carried much of the burden for design and implementation tasks.
Passion for immediate action	HIGH score=4	Those community persons who have become involved have appreciated the action approach. A lot of quick-turnaround results have been produced.
High-performance team functioning	MEDIUM score=2	Project experiences vary. On some, a lot of teamwork is evident. On others, people perform assignments but otherwise do not interact.
Sense of Community Score = 9 of 20 Mobilization Capacity Score = 18 of 24 Readiness for Focused Action Score = 19 of 24 Total Community Mobilization Score = 46 of 68		

What becomes clear from the scorecard is that more effort needs to be directed at community building. At this stage, the alliance is a project-generating mechanism, but has not been established as a unique community resource with which community members have chosen to identify themselves. The expectation is that the second round of 27 neighborhood-based projects will afford greater credibility to the alliance, broaden its appeal and membership, and lead to more formalization.

Summary

This report was developed as a way to buttress the current trend toward community-based action with a sound theoretical and empirical framework. It synthesizes previous research and suggests a set of criteria by which community mobilization efforts might be assessed and monitored.

The first three chapters of this document focus on processes or factors that contribute to effective community mobilization: heightened sense of community, enhanced capacity for mobilization, and increased readiness for focused action. With each of these processes, specific indicators are suggested as capable of providing evidence of a target community's standing within the particular process. The five indicators of a sense of community described in Chapter 1 are

- ◆ A sense of membership
- ◆ Mutual importance of all members
- ◆ Shared worldviews among members
- ◆ Bonding and networking
- ◆ Mutually shared sense of responsibility for the community.

The six indicators of capacity for mobilization discussed in Chapter 2 are

- ◆ Sustained leadership
- ◆ Formalization of rules, roles, and procedures
- ◆ Rewards and incentives
- ◆ Internal and external communication
- ◆ Community organizational know-how
- ◆ Behind-the-scenes support.

Finally, the six indicators of readiness for focused action detailed in Chapter 3 are

- ◆ Clarity of goals
- ◆ Feasibility of plan
- ◆ Capabilities and resources to implement plan

- ◆ Citizen participation and control
- ◆ Passion for immediate action
- ◆ High-performance team functioning.

Chapter 4 presents a Community Mobilization Scorecard, with which any target community can be assessed to determine its sense of community, capacity for mobilization, and readiness for focused action. This scorecard provides rating scales for each of 17 indicators listed above and also calls attention to how low scores can be improved.

In each of the four case studies of current mobilization efforts presented in Chapter 5, the Community Mobilization Scorecard is applied to the community mobilization effort. The application of the scorecard is intended to illustrate how it may be used to identify any community's areas of strength and weakness.

Readers are encouraged to consider the context for effective community mobilization. That is, we have suggested that the potential for effective community mobilization rests in the existence of several influencing factors in the community. Prior to beginning any community mobilization effort, prevention planners and practitioners should devote some attention to assessing the presence or absence of specific contextual influences. Only after determining the extent of these influences can promoters of prevention devise appropriate strategies to strengthen the potential for effective community mobilization and, ultimately, produce reductions in a community's substance abuse-related problems.

Bibliography

- Alinsky, S.D. (1971). *Rules for Radicals: A Practical Primer for Realistic Radicals*. New York: Vintage Books.
- Arnstein, S.R. (1969). A ladder of citizen participation. *American Institute of Planners Journal*, July, pp. 216-224.
- Bracht, N., and Kingsbury, L. (1990). Community organization principles in health promotion: A five stage model. In: Bracht, N., ed. *Health Promotion at the Community Level*. Newbury Park, CA: Sage, pp. 66-88.
- Butterfoss, F.D.; Goodman, R.M.; and Wandersman, A. (1993). Community coalitions for prevention and health promotion. *Health Education Research* 8(3):315-330.
- Center for Substance Abuse Prevention. (1993a). *Collaboration by Design: An Annotated Bibliography on Community Partnership/Coalition as a Strategy for Alcohol and Other Drug Abuse Prevention*. Rockville, MD: Center for Substance Abuse Prevention.
- Center for Substance Abuse Prevention. (1993b). *Experience With Community Action Projects: New Research in the Prevention of Alcohol and Other Drug Problems*. Greenfield, T.K., and Zimmerman, R., eds. SAMHSA/CSAP Prevention Monograph 14. DHHS Publication No. (ADM)93-1976. Rockville, MD: Center for Substance Abuse Prevention.
- Center for Substance Abuse Prevention. (1994). *National Evaluation of the Community Partnership Demonstration Program: Third Annual Report, 1993*. Rockville, MD: Center for Substance Abuse Prevention.
- Chavis, D.M., and Florin, P. (n.d.). "Community Participation and Substance Abuse Prevention: Rationale, Concepts, and Mechanisms." Paper prepared for unpublished report. *Community Development, Community Participation, and Substance Abuse Prevention*. County of Santa Clara (CA) Department of Health, Bureau of Drug Abuse Services' Prevention Office.
- Chavis, D.M.; Hogge, J.; McMillian, D.W.; and Wandersman, A. (1986). Sense of community through Brunswick's lens: A first look. *Journal of Community Psychology* 14(1):24-40.
- Chavis, D.M., and Newbrough, J.R. (1986). The meaning of "community" in community psychology. *Journal of Community Psychology* 14(4):335-340.

- Christenson, J.A.; Fendley, K.; and Robinson, J.W. (1989). Community development. In: Christenson, J.A., and Robinson, J.W., eds. *Community Development in Perspective*. Ames, IA: Iowa State University Press, pp. 3-25.
- Coles, C., and Salzman, P. (1994). Building for the future. *New Designs for Youth Development* 11(3):37-41.
- Etzioni, A. (1993). *The Spirit of Community: Rights, Responsibilities, and the Communitarian Agenda*. New York: Crown Publishers.
- Fetterman, D.M.; Kaftarian, S.J.; and Wandersman, A., eds. (1996). *Empowerment Evaluation: Knowledge and Tools for Self-Assessment and Accountability*. Thousand Oaks, CA: Sage Publications.
- Florin, P., and Chavis, D.M. (n.d.). "Community Development and Substance Abuse Prevention." Paper prepared for unpublished report. *Community Development, Community Participation, and Substance Abuse Prevention*. County of Santa Clara (CA) Department of Health, Bureau of Drug Abuse Services' Prevention Office.
- Florin, P., and Wandersman, A. (1990). An introduction to citizen participation, voluntary organizations, and community development: Insights for empowerment through research. *American Journal of Community Psychology* 18(1):41-54.
- Friedmann, R.R.; Florin, P.; Wandersman, A.; and Meier, R. (1988). Local action on behalf of local collectives in the U.S. and Israel: How different are leaders from members in voluntary associations? *Journal of Voluntary Action Research* 17(3-4):36-54.
- Gray, B. (1985). Conditions facilitating interorganizational collaboration. *Human Relations* 38(10):911-936.
- Harachi, T.W.; Ayers, C.D.; Hawkins, J.D.; Catalano, R.F.; and Cushing, J. (1996). Empowering communities to prevent adolescent substance abuse: Results from a risk- and protection-focused community mobilization effort. *Journal of Primary Prevention* 16(3):233-254.
- Harachi Manger, T.; Hawkins, J.D.; Haggerty, K.P.; and Catalano, R.F. (1992). Mobilizing communities to reduce risks for drug abuse: Lessons on using research to guide prevention practice. *Journal of Primary Prevention* 13(1):3-22.
- Jacobs, J. (1961). *The Death and Life of Great American Cities*. New York: Vintage Books.
- Kibel, B.M., and Schneider, A. (draft). "Imagine and Create!! Enhancing Community Life Through Open-Systems Planning-for-Action." Unpublished manuscript. Bethesda, MD: Pacific Institute for Research and Evaluation.
- Kleiner, G. (1994). Engaging the grassroots through neighborhood mobilizing. *New Designs for Youth Development* 11(3):27-29.
- Klitzner, M. (1993). A public health/dynamic systems approach to community-wide alcohol and other drug initiatives. In: Davis, R.C.; Lurigio, A.J.; and Rosenbaum, D.P., eds. *Drugs and the Community: Involving Community Residents in Combatting the Sale of Illegal Drugs*. Springfield, IL: Charles C. Thomas, pp. 201-224.

- Klitzner, M.; Stewart, K.; Fisher, D.; Carmona, M.; Diggs, G.; Stein-Seroussi, A.; and DesJarlais, D. (1993). "Final Evaluation Report on the Planning Phase of Fighting Back: Community Initiatives to Reduce the Demand for Illegal Drugs and Alcohol." Bethesda, MD: Pacific Institute for Research and Evaluation.
- Kramer, R.M. (1969). *Participation of the Poor: Comparative Community Case Studies in the War on Poverty*. Englewood Cliffs, NJ: Prentice-Hall.
- Lichtenstein, E.; Wallack, L.; and Pechacek, T.F. (1990-1991). Introduction to the Community Intervention Trial for Smoking Cessation (COMMIT). *International Quarterly of Community Health Education* 11(3):173-185.
- Lofquist, W.A. (1983). *Discovering the Meaning of Prevention: A Practical Approach to Positive Change*. Tucson, AZ: AYD Publications.
- Martin B., and Eisenstadt, S.N. (1992). *On Intersubjectivity and Cultural Creativity*. Chicago: The University of Chicago Press.
- McMillian, D.W., and Chavis, D.M. (1986). Sense of community: A definition and theory. *Journal of Community Psychology* 14(1):6-23.
- Mogulof, M. (1969). Coalition to adversary: Citizen participation in three Federal programs. *American Institute for Planning Journal*, July, pp. 225-232.
- Moskowitz, J.M. (1989). The primary prevention of alcohol problems: A critical review of the research literature. *Journal of Alcohol Studies* 50(1):54-88.
- Moynihan, D.P. (1969). *Maximum Feasible Misunderstanding: Community Action in the War on Poverty*. New York: Free Press.
- Peters, T.J. (1987). *Thriving on Chaos: Handbook for a Management Revolution*. New York: Knopf.
- Prestby, J.E., and Wandersman, A. (1985). An empirical exploration of a framework of organizational viability: Maintaining block organizations. *Journal of Applied Behavioral Science* 21(3):287-305.
- Prestby, J.E.; Wandersman, A.; Florin, P.; Rich, R.C.; and Chavis, D.M. (1990). Benefits, costs, incentive management and participation in voluntary organizations: A means to understanding and promoting empowerment. *American Journal of Community Psychology* 18(1):117-149.
- Prevention Pipeline*. (1994). Prevention at work in the workplace: SAMHSA/CSAP turns to the workplace in community partnership efforts. *Prevention Pipeline* 7(1):1-3.
- Reininger, B. (1995). "Advancing the Theory of Collective Empowerment: A Qualitative Study." Paper presented at the National Workshop for Community Partnership Grantees, St. Louis, MO.
- Reitzes, D.C., and Reitzes, D.C. (1987). Alinsky in the 1980's: Two contemporary Chicago community organizations. *The Sociological Quarterly* 28(2):265-283.
- Simpson, R., and Stanghetta, P. (1990). Lessons learned from pilot testing an addictions planning framework for Ontario communities. In: Geisbrecht, N.; Conley, P.; Denniston, R.W.; Gliksman, L.; Holder, H.; Pederson, A.; Room, R.; and Shain, M., eds. *Research, Action, and the Community: Experiences in the Prevention of Alcohol and Other Drug Problems*. OSAP Monograph 4. DHHS Publication No. (ADM)89-1651. Rockville, MD: Office for Substance Abuse Prevention, pp. 99-105.

- Singer, M.; Flores, C.; Davison, L.; Burke, G.; and Castillo, Z. (1991). Puerto Rican community mobilizing in response to the AIDS crisis. *Human Organization* 50(1):73-81.
- Smith, B.E., and Davis, R.C. (1993). Successful community anticrime programs: What makes them work? In: Davis, R.C.; Lurigio, A.J.; and Rosenbaum D.P., eds. *Drugs and the Community: Involving Community Residents in Combatting the Sale of Illegal Drugs*. Springfield, IL: Charles C. Thomas, pp. 123-137.
- Thompson, B.; Corbett, K.; Bracht, N.; and Pechacek, T. (1993). Community mobilization for smoking cessation: Lessons learned from COMMIT. *Health Promotion International* 8(2):69-83.
- Thompson, B.; Wallack, L.; Lichtenstein, E.; and Pechacek, T. (1990-1991). Principles of community organization and partnership for smoking cessation in the Community Intervention Trial for Smoking Cessation (COMMIT). *International Quarterly of Community Health Education* 11(3):187-203.
- Wandersman, A. (1981). A framework of participation in community organizations. *Journal of Applied Behavioral Science* 17(1):27-58.
- Wandersman, A. (1984). Citizen participation. In: Heller, K.; Price, R.; Riger, S.; Reinhartz, S.; and Wandersman, A., eds. *Psychology and Community Change*. 2nd ed. Homewood, IL: Dorsey, pp. 337-379.
- Wandersman, A., and Goodman, R. (1993). "Understanding Coalitions and How They Operate: An 'Open Systems' Organizational Perspective." A summary of literature prepared for the W.K. Kellogg Foundation Community-Based Public Health Initiative.
- Wandersman, A.; Jakubs, J.F.; and Giamartino, G.A. (1981). Participation in block organizations. *Community Action*, Sept./Oct., pp. 40-47.
- Webber, M.M. (1963). Order in diversity: Community without propinquity. In: Wingo, L., Jr., ed. *Cities and Space: The Future Use of Urban Land*. Baltimore, MD: Johns Hopkins Press, pp. 23-54.
- Weick, K.E. (1984). Small wins: Redefining the scale of social problems. *American Psychologist* 39(1):40-49.
- Wittman, F.D. (1990). Environmental design to prevent problems of alcohol availability: Concepts and prospects. In: Geisbrecht, N.; Conley, P.; Denniston, R.W.; Gliksman, L.; Holder, H.; Pederson, A.; Room, R.; and Shain, M., eds. *Research, Action, and the Community: Experiences in the Prevention of Alcohol and Other Drug Problems*. OSAP Monograph 4. DHHS Publication No. (ADM)89-1651. Rockville, MD: Office for Substance Abuse Prevention, pp. 247-264.

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